

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028455

FILED
Apr 12, 2012
Secretary of State

Entity Name: CVS ORLANDO FL DISTRIBUTION, L.L.C.

Current Principal Place of Business:

ONE CVS DR.
WOONSOCKET, RI 02895 US

New Principal Place of Business:

Current Mailing Address:

ONE CVS DR.
LEGAL DEPT
WOONSOCKET, RI 02895 US

New Mailing Address:

FEI Number: 20-0998041 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CVS PHARMACY, INC.
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: AS
Name: CIMBRON, LINDA M
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: P
Name: MOFFATT, THOMAS S
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S
Name: LUKER, MELANIE K
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: VT
Name: DENALE, CAROL A
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: VAT
Name: CORRIGAN, TERENCE M
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MELANIE K LUKER

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04/12/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date