

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000001458

1. Entity Name
CVS 4989 FL, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 21 AM 10:41

Principal Place of Business

ONE CVS DRIVE, LEGAL DEPARTMENT
WOONSOCKET, RI 02895

Mailing Address

ONE CVS DRIVE, LEGAL DEPARTMENT
WOONSOCKET, RI 02895



02252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0075038

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

800071796688
04/24/06--01005--011 **50550.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CVS PHARMACY, INC.
ONE CVS DRIVE
WOONSOCKET, RI 02895

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Linda M. Cimbron Linda Cimbron
Authorized Representative

4/5/06

401-765-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #