

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M05000001000

**FILED**  
**Oct 05, 2009**  
**Secretary of State**

**Entity Name:** 152ND ST.- HOMESTEAD ASSOCIATES L.L.C.

**Current Principal Place of Business:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**New Principal Place of Business:**

1765 MERRIMAN ROAD  
AKRON, OH 44313

**Current Mailing Address:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**New Mailing Address:**

1765 MERRIMAN ROAD  
AKRON, OH 44313

**FEI Number:** 37-1506770      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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: KIMBERLY BREUNLING

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CVS PHARMACY, INC.  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CVIII ASSOCIATES, AN OHIO LIMITED PARTNERS  
Address: 1765 MERRIMAN ROAD  
City-St-Zip: AKRON, OH 44313

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALAN W. SPONSELLER

VP

10/05/2009

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