


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002033	
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1. Entity Name
CVS 5180 FL, L.L.C.

FILED

06 MAY 22 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ONE CVS DRIVE WOONSOCKET, RI 02895	Mailing Address ONE CVS DRIVE WOONSOCKET, RI 02895
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number **35-2255048** 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member CVS New York, Inc One CVS Drive Woonsocket, RI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 4/5/06 401-765-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #