

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

DOCUMENT # M05000007091

1. Entity Name
CVS 75198 FL, L.L.C.



06 JUL 27 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE CVS DRIVE
WOONSOCKET, RI 02895

Mailing Address
ONE CVS DRIVE
WOONSOCKET, RI 02895

BK



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07182006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-4109912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CVS Corporation
One CVS Drive
Woonsocket, RI 02895

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300078232863
08/01/06--01051--008 **50.00

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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: *Michael J. Juen* Authorized Representative

7-19-06

401-765-1500

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

Date

Daytime Phone #