# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 23, 2008**
**Secretary of State**

DOCUMENT# M07000001101

**Entity Name:** CVS 75462 FL, L.L.C.

**Current Principal Place of Business:**

ONE CVS DRIVE LEGAL DEPT
WOONSOKET, RI 02895

**New Principal Place of Business:**

ONE CVS DRIVE LEGAL DEPT
WOONSOCKET, RI 02895

**Current Mailing Address:**

ONE CVS DRIVE LEGAL DEPT
WOONSOKET, RI 02895

**New Mailing Address:**

ONE CVS DRIVE LEGAL DEPT
WOONSOCKET, RI 02895

**FEI Number: 20-8695147** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORAIION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

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: CT CORPORATION SYSTEM 04/23/2008
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LINDA M CIMBRON MEM 04/23/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date