

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000286

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** WALGREENS STORE NO. 3332, LLC

**Current Principal Place of Business:**

200 WILMOT ROAD  
DEERFIELD, IL 60015

**New Principal Place of Business:**

**Current Mailing Address:**

300 WILMOT ROAD  
MS #3301  
DEERFIELD, IL 60015

**New Mailing Address:**

**FEI Number:** 26-4223392      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: SILVERMAN, ROBERT M  
Address: 104 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

Title: TREA  
Name: HANS, RICK J  
Address: 200 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

Title: AS  
Name: MARTIN, GARY M  
Address: 300 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

Title: VP  
Name: MANN, JOHN A  
Address: 302 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

Title: VP  
Name: KELLEN, MARGARITA E  
Address: 200 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

Title: AT  
Name: FELISH, MICHAEL D  
Address: 302 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

I hereby 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: JOHN A. MANN

VP

04/25/2011

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