M09000000393

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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12 JAN 24 AM 8:37
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LIMITED LIABILITY REINSTATEMENT
SCP 2010-C36-508 LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$382.50

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2012

SCP 2010-C36-508 LLC
ONE CVS DRIVE
LEGAL DEPARTMENT
WOONSOCKET, RI 02895

SUBJECT: SCP 2010-C36-508 LLC
REF: M09000000393

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JAN 24 AM 8:37
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M09000000393

1. Limited Liability Company's Name

SCP 2010-C36-508 LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3300 S. Parker Rd.	3300 S. Parker Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
310	310
City & State	City & State
Aurora, CO	Aurora, CO
Zip / Country	Zip / Country
80014	80014

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 01/29/2009

6. FEI Number: 352250332 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

E-mail Address: (To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SALVIA ARIENTA-GRAY SPECIAL ASSISTANT SECRETARY Date 1/26/2012

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
manager	Travis McNeil	3300 S. Parker Rd.,	Aurora, CO 80014
manager	Clayt Reynolds	3300 S. Parker Rd.,	Aurora, CO 80014
manager	Sean Sjoden	3300 S. Parker Rd.,	Aurora, CO 80014
member	Seven Cross Drug Stores Holdings LLC	3300 S. Parker Rd.,	Aurora, CO 80014

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Travis McNeil Date 1/20/12 Daytime Phone # 303-751-9230

Typed or printed name of signing Managing Member/Manager

PL110 - 01/19/2011 CT System Online

REINSTATEMENT 2011, 2012