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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

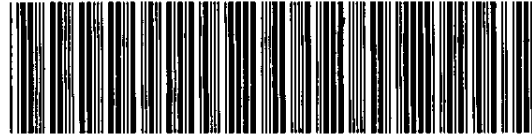
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CVS 5466 FL, L.L.C.  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. Justin Niles

Name of Person

D. Justin Niles, P.A.

Firm/Company

200 W. Palmetto Park Rd. Ste 301

Address

Boca Raton, FL 33432

City/State and Zip Code

justin@djnpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. Justin Niles at (561) 869-1700 x7010

Name of Person

Area Code and Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CVS 5466 FL, L.L.C.
2. This entity was formed under the laws of: Delaware
3. This entity was authorized to transact business in Florida on 05/27/2011 and its Florida document/registration number is M11000002729
4. The name and address of each manager or managing member is as follows:

Title:  
 "MGR" = Manager  
 "MGRM" = Managing Member

Name and Address:

MGRM

Jose Baixauli  
c/o Caval Commercial Development L.L.C.  
1553 San Ignacio Ave., Coral Gables, FL 33146-3000

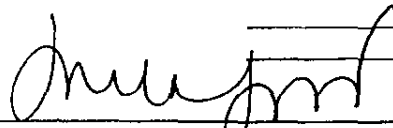
MGRM

Jose Valle  
c/o Caval Commercial Development L.L.C.  
1553 San Ignacio Ave., Coral Gables, FL 33146-3000

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Required Signature: \_\_\_\_\_



Signature of Manager, Managing Member or Member

Melanie K. Luker, Assistant Secretary of CVS Pharmacy, Inc., as sole Member of CVS 5466 FL, L.L.C.

Filing Fee: \$25

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