

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000028452

**Entity Name:** CVS VERO FL DISTRIBUTION, L.L.C.

**Current Principal Place of Business:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**Current Mailing Address:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895 US

**FEI Number:** 20-0998055

**Certificate of Status Desired:** No

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

C T 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title ASSISTANT SECRETARY  
Name LETOURNEAU, CHRISTY L.  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT SECRETARY  
Name LARIVIERE, LEO J.  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title SENIOR VICE PRESIDENT AND  
TREASURER  
Name SMITH, TRACY L.  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT TREASURER  
Name ISABELLA, PAUL JR.  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title PRESIDENT  
Name MOFFATT, THOMAS S.  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title SECRETARY  
Name ST ANGELO, MELANIE K.  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT TREASURER  
Name COLE, JOSHUA C.  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT SECRETARY  
Name DESOUSA, KIMBERLEY M.  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

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*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELANIE K. ST ANGELO

**SECRETARY**

**03/16/2026**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title ASSISTANT SECRETARY  
Name SMITH, JOSHUA J.  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title MEMBER  
Name CVS PHARMACY, INC.  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895