2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2017
Secretary of State
CC6758828275

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Entity Name: CVS 3257 FL, L.L.C.

Current Principal Place of Business:

ONE CVS DR.
WOONSOCKET, RI 02895

Current Mailing Address:

ONE CVS DR.
LEGAL DEPT
WOONSOCKET, RI 02895 US

FEI Number: 20-4836629

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	MGRM
Name	CVS PHARMACY, INC.
Address	ONE CVS DR.
City-State-Zip:	WOONSOCKET RI 02895

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

Title	VT
Name	DENALE, CAROL A
Address	ONE CVS DR.
City-State-Zip:	WOONSOCKET RI 02895

Title	ASST. TREASURER
Name	BEAULIEU, SHEELAGH M
Address	ONE CVS DR.
City-State-Zip:	WOONSOCKET RI 02895

Title	AS
Name	CIMBRON, LINDA M
Address	ONE CVS DR.
City-State-Zip:	WOONSOCKET RI 02895

Title	S
Name	LUKER, MELANIE K
Address	ONE CVS DR.
City-State-Zip:	WOONSOCKET RI 02895

Title	ASST. TREASURER
Name	CLARK, JEFFREY E
Address	ONE CVS DR.
City-State-Zip:	WOONSOCKET RI 02895

Title	OTHER
Name	MERCER, CHRISTOPHER T
Address	ONE CVS DR.
City-State-Zip:	WOONSOCKET RI 02895

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 LUKER SECRETARY 04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date