

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003698

Entity Name: CVS 3418 FL, L.L.C.**Current Principal Place of Business:**1 CVS DRIVE
WOONSOCKET, RI 02895**Current Mailing Address:**1 CVS DRIVE
LEGAL DEPT
WOONSOCKET, RI 02895 US**FEI Number:** 20-5327022**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	MEMBER	Title	AUTHORIZED MEMBER
Name	CVS PHARMACY, INC.	Name	ANGELO, MELANIE K. ST
Address	1 CVS DRIVE LEGAL DEPT	Address	1 CVS DRIVE LEGAL DEPT
City-State-Zip:	WOONSOCKET RI 02895	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. ST ANGELO**MEMBER****04/07/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date