## 2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# M10000005218

#### Entity Name: WALGREEN PHARMACY SERVICES MIDWEST, LLC

### Current Principal Place of Business:

108 WILMOT ROAD DEERFIELD, IL 60015

### **Current Mailing Address:**

108 WILMOT ROAD DEERFIELD, IL 60015 US

# FEI Number: 26-1447918

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

Title	MEMBER	Title	MEMBER
Name	BOND DRUG COMPANY OF ILLINOIS,	Name	WALGREEN LOUISIANA CO., INC.
	LLC	Address	108 WILMOT ROAD
Address	108 WILMOT ROAD	City-State-Zip:	DEERFIELD IL 60015
City-State-Zip:	DEERFIELD IL 60015		
		Title	MEMBER
Title	MEMBER	Name	DUANE READE INC.
Name	HAPPY HARRY'S INC.	Address City-State-Zip:	108 WILMOT ROAD
Address	108 WILMOT ROAD		
City-State-Zip:	DEERFIELD IL 60015	City-State-Zip.	DEERFIELD IL 60015
Title	AUTHORIZED REPRESENTATIVE		
Name	SAYLOR, JOHN		
Address	108 WILMOT ROAD		
City-State-Zip:	DEERFIELD IL 60015		

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: JOHN SAYLOR

AUTHORIZED PERSON 04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 05, 2023 Secretary of State 0490747346CC

Date