

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1000005218

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

**Current Principal Place of Business:**

200 WILMOT ROAD  
DEERFIELD, IL 60015

**Current Mailing Address:**

200 WILMOT ROAD  
DEERFIELD, IL 60015 US

**FEI Number: 26-1447918**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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  
Name BOND DRUG COMPANY OF ILLINOIS, LLC  
Address 108 WILMOT ROAD  
City-State-Zip: DEERFIELD IL 60015

Title MEMBER  
Name WALGREEN LOUISIANA CO., INC.  
Address 108 WILMOT ROAD  
City-State-Zip: DEERFIELD IL 60015

Title MEMBER  
Name HAPPY HARRY'S INC.  
Address 108 WILMOT ROAD  
City-State-Zip: DEERFIELD IL 60015

Title MEMBER  
Name DUANE READE INC.  
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**

**04/19/2022**

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

\_\_\_\_\_  
Date