

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED 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**

**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 MANAGING MEMBER  
Name BOND DRUG COMPANY OF ILLINOIS, LLC  
Address 108 WILMOT ROAD  
City-State-Zip: DEERFIELD IL 60015

Title PRESIDENT  
Name BROWN, TRACEY  
Address 108 WILMOT ROAD  
City-State-Zip: DEERFIELD IL 60015

Title VP, TAX  
Name EMERSON, MICHAEL  
Address 104 WILMOT ROAD  
City-State-Zip: DEERFIELD IL 60015

Title SECRETARY  
Name AMSBARY, JR., JOSEPH  
Address 108 WILMOT ROAD  
City-State-Zip: DEERFIELD IL 60015

Title TREASURER  
Name BROWN, BRIAN  
Address 104 WILMOT ROAD  
City-State-Zip: DEERFIELD IL 60015

Title ASST. TREASURER  
Name MACK, BRITTANY  
Address 104 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: BRIAN BROWN**

**TREASURER**

**09/22/2023**

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

\_\_\_\_\_  
Date