

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1000005218

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 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 108 WILMOT ROAD
City-State-Zip: DEERFIELD IL 60015

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

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

Title ASST. TREASURER
Name MACK, BRITTANY
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

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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: JOSEPH AMSBARY, JR.

SECRETARY

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MEMBER
Name DUANE READE INC.
Address 108 WILMOT ROAD
City-State-Zip: DEERFIELD IL 60015