

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1300000436

Entity Name: CVS 10346 FL, L.L.C.

Current Principal Place of Business:

ONE CVS DRIVE
WOONSOCKET, RI 02895

Current Mailing Address:

ONE CVS DRIVE
WOONSOCKET, RI 02895

FEI Number: 35-2482128

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

FILED
Apr 24, 2018
Secretary of State
CC8990264157

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 MGRM
Name CVS PHARMACY, INC.
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title PRESIDENT
Name MOFFATT, THOMAS S
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title VP, TREASURER
Name DENALE, CAROL A
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title SECRETARY
Name LUKER, MELANIE K
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASST. TREASURER
Name CLARK, JEFFREY E
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASST. TREASURER
Name BEAULIEU, SHEELAGH M
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASST. SECRETARY
Name CIMBRON, LINDA M
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title OTHER
Name MERCER, CHRISTOPHER T
Address ONE CVS DRIVE
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 LUKER

SECRETARY

04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date