

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007860

**Entity Name:** SAND PHARMACY ORMOND BEACH 03227 LLC

**Current Principal Place of Business:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**Current Mailing Address:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895 US

**FEI Number:** 36-4776524

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 SECRETARY  
Name LUKER, MELANIE K  
Address ONE CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

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

Title AUTHORIZED MEMBER  
Name CVS PHARMACY, INC.  
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 VP  
Name DENALE, CAROL A.  
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 LUKER

**SECRETARY**

**04/17/2018**

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

\_\_\_\_\_  
Date