

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019490

Entity Name: HOLIDAY CVS, L.L.C.

Current Principal Place of Business:

ONE CVS DR.
WOONSOCKET, RI 02895

Current Mailing Address:

ONE CVS DR.
LEGAL DEPT
WOONSOCKET, RI 02895 US

FEI Number: 03-0394176

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

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 DR.
City-State-Zip: WOONSOCKET RI 02895

Title AS
Name CIMBRON, LINDA M
Address ONE CVS DR.
City-State-Zip: WOONSOCKET RI 02895

Title VT
Name DENALE, CAROL A
Address ONE CVS DR.
City-State-Zip: WOONSOCKET RI 02895

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

Title S
Name LUKER, MELANIE K
Address ONE CVS DR.
City-State-Zip: WOONSOCKET RI 02895

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

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

Title ASST. SECRETARY
Name DESOUSA, KIMBERLEY
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

01/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date