

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108469

**Entity Name:** FLORIDA SOUTH DIVISION, LLC

**Current Principal Place of Business:**

1200 NORTH KIRK ROAD  
TAX DEPT.  
BATAVIA IL 60510-1477

**Current Mailing Address:**

1200 NORTH KIRK ROAD  
TAX DEPT.  
BATAVIA IL 60510-1477

**FEI Number:** 45-3364725

**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 ALDI INC. (PENNSYLVANIA)  
Address 1200 NORTH KIRK ROAD, TAX DEPT.  
City-State-Zip: BATAVIA IL 60510-1477

*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:** TIM BYRD

**TAX DIRECTOR**

**01/09/2017**

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

\_\_\_\_\_  
Date