

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003727

Entity Name: BATH & BODY WORKS, LLC**Current Principal Place of Business:**7 LIMITED PARKWAY
REYNOLDBURG, OH 43068**Current Mailing Address:**PO BOX 182515
COLUMBUS, OH 43218**FEI Number:** 52-2455381**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 RETAIL STORE OPERATIONS, INC.
Address 3 LIMITED PARKWAY
City-State-Zip: COLUMBUS OH 43230

Title CFO
Name ARLIN, WENDY
Address 7 LIMITED PARKWAY
City-State-Zip: REYNOLDSBURG OH 43068

Title TREASURER, SENIOR VICE
PRESIDENT
Name FABER, TIMOTHY J
Address 7 LIMITED PARKWAY
City-State-Zip: REYNOLDSBURG OH 43068

Title VICE PRESIDENT TAX
Name GUTRIDGE, MICHAEL
Address 7 LIMITED PARKWAY
City-State-Zip: REYNOLDSBURG OH 43068

Title SECRETARY, CHIEF LEGAL OFFICER
Name WU, MICHAEL
Address 7 LIMITED PARKWAY
City-State-Zip: REYNOLDSBURG OH 43068

Title AUTHORIZED REPRESENTATIVE
Name SARGEANT, HEATHER
Address 7 LIMITED PARKWAY
City-State-Zip: REYNOLDBURG OH 43068

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: HEATHER SARGEANT

AVP, FINANCE

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date