## **2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005073

Entity Name: PEPSI-COLA NATIONAL MARKETING, LLC

**FILED** Mar 18, 2019 **Secretary of State** 2937895695CC

## **Current Principal Place of Business:**

PEPSICO NORTH AMERICA BEVERAGES

1111WESTCHESTER AVENUE WHITE PLAINS, NY 10604

## **Current Mailing Address:**

PEPSICO NORTH AMERICA BEVERAGES 1111WESTCHESTER AVENUE WHITE PLAINS, NY 10604 US

FEI Number: 27-3846297 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 **MANAGER** Title **MANAGER** BETHARD, , JARRELL W. Name Name CHENG. ADA

Address PEPSICO NORTH AMERICA Address PEPSICO, INC., 700 ANDERSON HILL

> **BEVERAGES** ROAD

1111WESTCHESTER AVENUE City-State-Zip:

PURCHASE NY 10577 WHITE PLAINS NY 10604 City-State-Zip:

Title **MANAGER** Title **MANAGER** 

Name HURLEY, MEGAN M. Name GRIFF, CHRISTINE

NORTH AMERICA BEVERAGES Address PEPSICO, INC., 700 ANDERSON HILL Address LAW DEPARTMENT 1111

**ROAD** WESTCHESTER AVENUE

City-State-Zip: PURCHASE NY 10577 City-State-Zip: WHITE PLAINS NY 10604

Title MANAGER Title **MANAGER** 

LEE, FELITIA MASSARO, CARLO Name Name

PEPSI BEVERAGES COMPANY PEPSI BEVERAGES COMPANY, 1 Address Address

**PEPSI WAY** ONE PEPSI WAY

City-State-Zip: SOMERS NY 10589 City-State-Zip: SOMERS NY 10589-2212

Title MANAGER

Name MUELLER, CHARLES F.

Address PEPSICO, INC.,700 ANDERSON HILL

**ROAD** 

PURCHASE NY 10577 City-State-Zip:

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.

03/18/2019 SIGNATURE: MUELLER, CHARLES F. MANAGER