# 2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M16000000824

Entity Name: FAMILY DOLLAR STORES OF FLORIDA, LLC

FILED
Nov 12, 2019
Secretary of State
3113361604CC

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

500 VOLVO PKWY CHESAPEAKE, VA 23320

# **Current Mailing Address:**

500 VOLVO PKWY

CHESAPEAKE, VA 23320 US

FEI Number: 62-1147034 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MCCAFFETY, LONNIE W.

CORPORATION SERVICE COMPANY 1201 HAYS ST 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:

Name

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title PRESIDENT Title SENIOR VP, CHF LGL OFF, GEN

CNSL, SECRETARY

Address 500 VOLVO PKWY Address 500 VOLVO PKWY

City-State-Zip: CHESAPEAKE VA 23320 City-State-Zip: CHESAPEAKE VA 23320

Title ASST. SECRETARY Title VP

 Name
 BOSCIA, SANDRA L.
 Name
 MILLER, DEBORAH

 Address
 500 VOLVO PKWY
 Address
 500 VOLVO PKWY

City-State-Zip: CHESAPEAKE VA 23320 City-State-Zip: CHESAPEAKE VA 23320

Title ASST. SECRETARY Title VP, TREASURER

 Name
 YORK, CJ
 Name
 DEAN, ROGER

 Address
 500 VOLVO PKWY
 Address
 500 VOLVO PKWY

Address 500 VOLVO PKWY

City-State-Zip: CHESAPEAKE VA 23320 City-State-Zip: CHESAPEAKE VA 23320

Title CHIEF DEVEOPMENT OFFICER Title VP - TAX

 Name
 WALTERS, BRUCE
 Name
 ELDER, JONATHAN

 Address
 500 VOLVO PKWY
 Address
 500 VOLVO PKWY

City-State-Zip: CHESAPEAKE VA 23320 City-State-Zip: CHESAPEAKE VA 23320

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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: SHAWNTA TOTTEN-MEDLEY

VICE PRESIDENT AND ASST. SECRETARY

11/12/2019

# **Authorized Person(s) Detail Continued:**

Title VP, ASST. SECRETARY Title SENIOR VICE PRESIDENT

Name TOTTEN-MEDLEY, SHAWNTA Name LITTLER, TODD

Address 500 VOLVO PKWY Address 500 VOLVO PKWY

City-State-Zip: CHESAPEAKE VA 23320 City-State-Zip: CHESAPEAKE VA 23320

Title SENIOR VICE PRESIDENT Title ASST. SECRETARY

Name WILLIAMS, CHRISTOPHER Name HAY, DANA

Address 500 VOLVO PKWY Address 500 VOLVO PKWY

City-State-Zip: CHESAPEAKE VA 23320 City-State-Zip: CHESAPEAKE VA 23320