## 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000000824

Entity Name: FAMILY DOLLAR STORES OF FLORIDA, LLC

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:

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:

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail :

Title PRESIDENT Title SENIOR VP, CHIEF LEGAL OFFICER,

Name MCCAFFETY, LONNIE W. GENERAL COUNSEL AND

SECRETARY

Address 10401 MONROE ROAD Name OLD, WILLIAM A JR.

City-State-Zip: MATTHEWS NC 28105 Address 500 VOLVO PKWY

Title ASST. SECRETARY City-State-Zip: CHESAPEAKE VA 23320

Name BOSCIA, SANDRA L. Title VP

Address 10401 MONROE ROAD Name MILLER, DEBORAH
City-State-Zip: MATTHEWS NC 28105 Address 500 VOLVO PKWY

Title ASST. SECRETARY City-State-Zip: CHESAPEAKE VA 23320

Name YORK, CJ Title VP AND TREASURER

Address 500 VOLVO PKWY Name DEAN, ROGER

City-State-Zip: CHESAPEAKE VA 23320 Address 500 VOLVO PKWY

City-State-Zip: CHESAPEAKE VA 23320
Title VP, ASST. GENERAL COUNSEL AND

ASST. SECRETARY Title VP

 Name
 SCHOENHEIT, THOMAS E.
 Name
 WALTERS, BRUCE

 Address
 10401 MONROE ROAD
 Address
 500 VOLVO PKWY

City-State-Zip: MATTHEWS NC 28105 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: /S/ SHAWNTA TOTTEN-MEDLEY

VICE PRESIDENT AND ASSISTANT SECRETARY 02/16/2018

FILED Feb 16, 2018

Secretary of State

CC6721708231

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title VP - TAX Title VP, ASST. SECRETARY

Name ELDER, JONATHAN Name TOTTEN-MEDLEY, SHAWNTA

Address 500 VOLVO PKWY Address 500 VOLVO PKWY

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