

M08000004652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J. BRYAN

MAY 24 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOLGENCORP, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIRECTOR OF TAX  
Name of Person

DOLGENCORP, LLC  
Firm/Company

100 MISSION RIDGE  
Address

GOODLETTSVILLE, TN 37072  
City/State and Zip Code

TAX-OTHER@DOLLARGENERAL.COM  
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DIRECTOR OF TAX at ( 615 ) 855-4000  
 Name of Person Area Code and Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, Florida 32301

**MAILING ADDRESS:**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee     
  \$30 Filing Fee & Certificate of Status     
  \$55.00 Filing Fee & Certified Copy     
  \$60 Filing Fee, Certificate of Status & Certified Copy

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DOLGENCORP, LLC

2. This entity was formed under the laws of: KENTUCKY

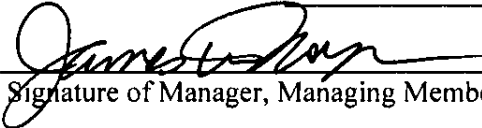
3. This entity was authorized to transact business in Florida on 10/09/2008  
and its Florida document/registration number is M08000004652

4. The name and address of each manager or managing member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	<u>Name and Address:</u>
<u>MGR</u>	<u>DAVID M. TEHLE</u> <u>100 MISSION RIDGE</u> <u>GOODLETTSVILLE, TN 37072</u>
<u>MGR</u>	<u>SUSAN S. LANIGAN</u> <u>100 MISSION RIDGE</u> <u>GOODLETTSVILLE, TN 37072</u>
<u>MGR</u>	<u>JAMES W. THORPE</u> <u>100 MISSION RIDGE</u> <u>GOODLETTSVILLE, TN 37072</u>
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Required Signature:   
Signature of Manager, Managing Member or Member

Filing Fee: \$25