

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000104033

**Entity Name:** PUBLIX NORTH CAROLINA EMPLOYEE SERVICES, LLC

**Current Principal Place of Business:**

3300 PUBLIX CORPORATE PARKWAY  
LAKELAND, FL 33811

**Current Mailing Address:**

3300 PUBLIX CORPORATE PARKWAY  
LAKELAND, FL 33811 US

**FEI Number:** 46-3256424

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:** MERRIANN M. METZ

04/16/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
Name ROSKOVICH, CHARLES B.  
Address 3300 PUBLIX CORPORATE PARKWAY  
City-State-Zip: LAKELAND FL 33811

Title SECRETARY  
Name METZ, MERRIANN M.  
Address 3300 PUBLIX CORPORATE PARKWAY  
City-State-Zip: LAKELAND FL 33811

Title TREASURER  
Name PHILLIPS, DAVID P.  
Address 3300 PUBLIX CORPORATE PARKWAY  
City-State-Zip: LAKELAND FL 33811

Title PRESIDENT  
Name JONES, RANDALL T. SR.  
Address 3300 PUBLIX CORPORATE PARKWAY  
City-State-Zip: LAKELAND FL 33811

Title ASST. SECRETARY  
Name KANE, LINDA S.  
Address 3300 PUBLIX CORPORATE PARKWAY  
City-State-Zip: LAKELAND FL 33811

*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:** MERRIANN M. METZ

SECRETARY

04/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date