

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004652

Entity Name: DOLGENCORP, LLC

Current Principal Place of Business:

100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

Current Mailing Address:

100 MISSION RIDGE
GOODLETTSVILLE, TN 37072

FEI Number: 61-0852764

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AUTHORIZED MEMBER
Name DOLLAR GENERAL CORPORATION
Address 100 MISSION RIDGE
City-State-Zip: GOODLETTSVILLE TN 37072

Title MANAGER
Name DECKARD, STEVEN R.
Address 100 MISSION RIDGE
City-State-Zip: GOODLETTSVILLE TN 37072

Title MANAGER
Name GARRATT, JOHN
Address 100 MISSION RIDGE
City-State-Zip: GOODLETTSVILLE TN 37072

Title MANAGER
Name NIESER, DANIEL J.
Address 100 MISSION RIDGE
City-State-Zip: GOODLETTSVILLE TN 37072

Title MANAGER
Name KINDY, MICHAEL J.
Address 100 MISSION RIDGE
City-State-Zip: GOODLETTSVILLE TN 37072

Title MANAGER
Name SUNDERLAND, STEVE
Address 100 MISSION RIDGE
City-State-Zip: GOODLETTSVILLE TN 37072

Title MANAGER
Name SPRINGER, BARBARA
Address 100 MISSION RIDGE
City-State-Zip: GOODLETTSVILLE TN 37072

Title MANAGER
Name MALAKELIS, BETHANY
Address 100 MISSION RIDGE
City-State-Zip: GOODLETTSVILLE TN 37072

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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: JOHN GARRATT

**CHIEF FINANCIAL
OFFICER**

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name COLLIER, KELLY
Address 100 MISSION RIDGE
City-State-Zip: GOODLETTSVILLE TN 37072

Title MANAGER
Name ELLIOTT, ANITA C.
Address 100 MISSION RIDGE
City-State-Zip: GOODLETTSVILLE TN 37072