

**2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED 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 CEO  
Name DECKARD, STEVEN R.  
Address 100 MISSION RIDGE  
City-State-Zip: GOODLETTSVILLE TN 37072

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

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

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

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

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

*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

**CFO**

**09/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date