## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004652

Entity Name: DOLGENCORP, LLC

**Current Principal Place of Business:** 

100 MISSION RIDGE

GOODLETTSVILLE, TN 37072

Current Principal Place of Business

**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

FILED Apr 19, 2024

**Secretary of State** 

1621886342CC

Authorized Person(s) Detail:

TitleAUTHORIZED MEMBERTitleMANAGER AND CEONameDOLLAR GENERAL CORPORATIONNameBRINING, ZACHARYAddress100 MISSION RIDGEAddress100 MISSION RIDGE

City-State-Zip: GOODLETTSVILLE TN 37072 City-State-Zip: GOODLETTSVILLE TN 37072

Title CFO AND SECRETARY Title TREASURER

NameDILTS, KELLYNameSPRINGER, BARBARAAddress100 MISSION RIDGEAddress100 MISSION RIDGE

City-State-Zip: GOODLETTSVILLE TN 37072 City-State-Zip: GOODLETTSVILLE TN 37072

TitleASST. TREASURERTitleMANAGERNameHODES, KYLENameTAYLOR, EMILYAddress100 MISSION RIDGEAddress100 MISSION RIDGE

City-State-Zip: GOODLETTSVILLE TN 37072 City-State-Zip: GOODLETTSVILLE TN 37072

Title EVP, DISTRIBUTION
Name WEST, RODERICK
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: KELLY DILTS CFO & SECRETARY 04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date