2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004652

Entity Name: DOLGENCORP, LLC

Current Principal Place of Business:

GOODLETTSVILLE, TN 37072

100 MISSION RIDGE

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 28, 2023

Secretary of State

2295260108CC

Authorized Person(s) Detail:

Title AUTHORIZED MEMBER Title MANAGER AND CEO **DOLLAR GENERAL CORPORATION** SUNDERLAND, STEVEN Name Name 100 MISSION RIDGE 100 MISSION RIDGE Address Address

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

Title **TREASURER** Title CFO AND SECRETARY

Name SPRINGER, BARBARA GARRATT, JOHN Name Address 100 MISSION RIDGE Address 100 MISSION RIDGE

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

Title **MANAGER** Title ASST. TREASURER Name TAYLOR, EMILY Name MEHTA. HIREN

Address 100 MISSION RIDGE Address 100 MISSION RIDGE

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

Title VP, GLOBAL SUPPLY CHAIN

ZUAZO, ANTONIO Name 100 MISSION RIDGE Address

GOODLETTSVILLE TN 37072 City-State-Zip:

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.

04/28/2023 SIGNATURE: STEVEN SUNDERLAND MANAGER AND CEO

Electronic Signature of Signing Authorized Person(s) Detail

Date