## **2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000000824

Entity Name: FAMILY DOLLAR STORES OF FLORIDA, LLC

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**Current Principal Place of Business:** 

500 VOLVO PKWY CHESAPEAKE. VA 23320

**Current Mailing Address:** 

500 VOLVO PKWY

CHESAPEAKE. VA 23320 US

FEI Number: 62-1147034 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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 21, 2021

**Secretary of State** 

1167212840CC

## Authorized Person(s) Detail:

Title	CHIEF DEVELOPMENT OFFICER	Title	SENIOR VICE PRESIDENT
Name	WALTERS, BRUCE	Name	WILLIAMS, CHRISTOPHER
Address	500 VOLVO PKWY	Address	500 VOLVO PKWY

City-State-Zip: CHESAPEAKE VA 23320 City-State-Zip: CHESAPEAKE VA 23320

TitleASSISTANT SECRETARYTitleVICE PRESIDENTNameHAY, DANANameMILLER, DEBORAHAddress500 VOLVO PKWYAddress500 VOLVO PKWY

City-State-Zip: CHESAPEAKE VA 23320 City-State-Zip: CHESAPEAKE VA 23320

Title VICE PRESIDENT Title PRESIDENT

NameELDER, JONATHANNameBARNETT, PETERAddress500 VOLVO PKWYAddress500 VOLVO PKWY

City-State-Zip: CHESAPEAKE VA 23320 City-State-Zip: CHESAPEAKE VA 23320

TitleVICE PRESIDENT, TREASURERTitleASSISTANT SECRETARYNameDEAN, ROGERNameBOSCIA, SANDRA L.Address500 VOLVO PKWYAddress500 VOLVO PKWY

City-State-Zip: CHESAPEAKE VA 23320 City-State-Zip: CHESAPEAKE VA 23320

## Continues on page 2

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: SHAWNTA TOTTEN-MEDLEY

ASSISTANT SECRETARY

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title VICE PRESIDENT, ASSISTANT SECRETARY Title SENIOR VICE PRESIDENT

500 VOLVO PKWY

Name TOTTEN-MEDLEY, SHAWNTA Name LITTLER, TODD

500 VOLVO PKWY Address Address

City-State-Zip: CHESAPEAKE VA 23320 City-State-Zip: CHESAPEAKE VA 23320

Title

SENIOR VICE PRESIDENT, CHIEF LEGAL OFFICER, GENERAL COUNSEL, SECRETARY

OLD JR., WILLIAM A. Name 500 VOLVO PKWY Address

City-State-Zip: CHESAPEAKE VA 23320