

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1600000824

**FILED**  
**Feb 16, 2018**  
**Secretary of State**  
**CC6721708231**

**Entity Name:** FAMILY DOLLAR STORES OF FLORIDA, LLC

**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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            MCCAFFETY, LONNIE W.  
Address        10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

Title            ASST. SECRETARY  
Name            BOSCIA, SANDRA L.  
Address        10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

Title            ASST. SECRETARY  
Name            YORK, CJ  
Address        500 VOLVO PKWY  
City-State-Zip: CHESAPEAKE VA 23320

Title            VP, ASST. GENERAL COUNSEL AND  
                 ASST. SECRETARY  
Name            SCHOENHEIT, THOMAS E.  
Address        10401 MONROE ROAD  
City-State-Zip: MATTHEWS NC 28105

Title            SENIOR VP, CHIEF LEGAL OFFICER,  
                 GENERAL COUNSEL AND  
                 SECRETARY  
Name            OLD, WILLIAM A JR.  
Address        500 VOLVO PKWY  
City-State-Zip: CHESAPEAKE VA 23320

Title            VP  
Name            MILLER, DEBORAH  
Address        500 VOLVO PKWY  
City-State-Zip: CHESAPEAKE VA 23320

Title            VP AND TREASURER  
Name            DEAN, ROGER  
Address        500 VOLVO PKWY  
City-State-Zip: CHESAPEAKE VA 23320

Title            VP  
Name            WALTERS, BRUCE  
Address        500 VOLVO PKWY  
City-State-Zip: CHESAPEAKE VA 23320

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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:** /S/ SHAWNTA TOTTEN-MEDLEY

**VICE PRESIDENT AND  
ASSISTANT SECRETARY**

**02/16/2018**

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

\_\_\_\_\_  
Date

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

Title VP - TAX  
Name ELDER, JONATHAN  
Address 500 VOLVO PKWY  
City-State-Zip: CHESAPEAKE VA 23320

Title VP, ASST. SECRETARY  
Name TOTTEN-MEDLEY, SHAWNNTA  
Address 500 VOLVO PKWY  
City-State-Zip: CHESAPEAKE VA 23320