2017 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M16000000824

Entity Name: FAMILY DOLLAR STORES OF FLORIDA, LLC

FILED May 09, 2017 **Secretary of State** CC1478288691

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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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** Title SENIOR VICE PRESIDENT - GENERAL

Title

COUNSEL AND SECRETARY PHILBIN, GARY Name

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

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

Title **VICE PRESIDENT - TAX**

ASST. SECRETARY ELDER, JONATHAN Name Name BOSCIA, SANDRA L Address 500 VOLVO PKWY

10401 MONROE ROAD Address City-State-Zip: CHESAPEAKE VA 23320

City-State-Zip: MATTHEWS NC 28105

EXECUTIVE VICE PRESIDENT - CHIEF Title ٧/P Title FINANCIAL OFFICER

Name MILLER, DEBORAH WAMPLER, KEVIN Name Address 500 VOLVO PKWY

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

Title ASST. SECRETARY

Name YORK, C.J.

Address

500 VOLVO PKWY Address

City-State-Zip: CHESAPEAKE VA 23320

500 VOLVO PKWY

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.

05/09/2017 VICE PRESIDENT SIGNATURE: DEBORAH MILLER

Electronic Signature of Signing Authorized Person(s) Detail

Date