

**2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M1600000824

**FILED  
Nov 30, 2020  
Secretary of State  
6897499921CC**

**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           BARNETT, PETER  
Address        500 VOLVO PKWY  
City-State-Zip: CHESAPEAKE VA 23320

Title           SENIOR VP, CHF LGL OFF, GEN  
                  CNSL, SECRETARY  
Name           OLD, WILLIAM A JR.  
Address        500 VOLVO PKWY  
City-State-Zip: CHESAPEAKE VA 23320

Title           ASST. SECRETARY  
Name           BOSCIA, SANDRA L.  
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           ASST. SECRETARY  
Name           YORK, CLINTON J.  
Address        500 VOLVO PKWY  
City-State-Zip: CHESAPEAKE VA 23320

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

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

Title           VP - TAX  
Name           ELDER, JONATHAN  
Address        500 VOLVO PKWY  
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: SHAWN TA TOTTEN-MEDLEY**

**VP, ASSISTANT  
SECRETARY**

**11/30/2020**

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

\_\_\_\_\_  
Date

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

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

Title SENIOR VICE PRESIDENT  
Name WILLIAMS, CHRISTOPHER  
Address 500 VOLVO PKWY  
City-State-Zip: CHESAPEAKE VA 23320

Title SENIOR VICE PRESIDENT  
Name LITTLER, TODD  
Address 500 VOLVO PKWY  
City-State-Zip: CHESAPEAKE VA 23320

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