

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

DOCUMENT# M16000001639

**Entity Name:** FD BEACH BLVD, LLC

**Current Principal Place of Business:**

500 VOLVO PARKWAY  
CHESAPEAKE, VA 23320

**Current Mailing Address:**

500 VOLVO PARKWAY  
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 CHF DEV OFF  
Name WALTERS, BRUCE  
Address 500 VOLVO PARKWAY  
City-State-Zip: CHESAPEAKE VA 23320

Title PRESIDENT  
Name BARNETT, PETER  
Address 500 VOLVO PARKWAY  
City-State-Zip: CHESAPEAKE VA 23320

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

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

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

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

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

Title VP, TREASURER  
Name DEAN, ROGER  
Address 500 VOLVO PARKWAY  
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:** SHAWNTA TOTTEN-MEDLEY

VP, ASST. 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 PARKWAY  
City-State-Zip: CHESAPEAKE VA 23320

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

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

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