

2018 FOREIGN LIMITED LIABILITY COMPANY 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 VP
Name WALTERS, BRUCE
Address 500 VOLVO PARKWAY
City-State-Zip: CHESAPEAKE VA 23320

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

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

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

Title SVP, GENERAL COUNSEL AND
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 10401 MONROE ROAD
City-State-Zip: MATTHEWS NC 28105

Title VP, TREASURER
Name DEAN, ROGER
Address 500 VOLVO PARKWAY
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**ASST SECRETARY****04/20/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

Title VP, ASST GEN CNSL, ASST.
 SECRETARY
Name SCHOENHEIT, THOMAS
Address 10401 MONROE ROAD
City-State-Zip: MATTHEWS NC 28105