

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003823

Entity Name: WAL-MART STORES TEXAS, LLC**Current Principal Place of Business:**1 CUSTOMER DR.
BENTONVILLE, AR 72716**Current Mailing Address:**1 CUSTOMER DR.
BENTONVILLE, AR 72716 US**FEI Number:** 74-3019386**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 MANAGER
Name SKINNER, TIM
Address 1 CUSTOMER DR.
City-State-Zip: BENTONVILLE AR 72716

Title PRESIDENT
Name SKINNER, TIM
Address 1 CUSTOMER DR.
City-State-Zip: BENTONVILLE AR 72716

Title SENIOR VICE PRESIDENT
Name WADDELL , EMMA
Address 1 CUSTOMER DR.
City-State-Zip: BENTONVILLE AR 72716

Title SENIOR VICE PRESIDENT
Name ALLISON , GORDON Y.
Address 1 CUSTOMER DR.
City-State-Zip: BENTONVILLE AR 72716

Title VP
Name RANCHER , JESSICA
Address 1 CUSTOMER DR.
City-State-Zip: BENTONVILLE AR 72716

Title VP, ASST. TREASURER
Name ALLEN, MATTHEW
Address 1 CUSTOMER DR.
City-State-Zip: BENTONVILLE AR 72716

Title ASST. SECRETARY
Name LITTLE , SARAH
Address 1 CUSTOMER DR.
City-State-Zip: BENTONVILLE AR 72716

Title ASST. SECRETARY
Name SIKES, CARLA
Address 1 CUSTOMER DR.
City-State-Zip: BENTONVILLE AR 72716

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: JESSICA RANCHER

VICE PRESIDENT

04/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date