

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000001405

Entity Name: WALMART FULLFILLMENT SERVICES, LLC**Current Principal Place of Business:**702 SW 8TH STREET
BENTONVILLE, AR 72716**Current Mailing Address:**702 SW 8TH STREET
BENTONVILLE, AR 72716 US**FEI Number:** 84-2802930**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PIN E ISLAND RD
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	WARD, TOM
Address	702 SW 8TH STREET
City-State-Zip:	BENTONVILLE AR 72716

Title	VP
Name	RANCHER , JESSICA
Address	702 SW 8TH STREET
City-State-Zip:	BENTONVILLE AR 72716

Title	SVP/ SECRETARY
Name	KOTOUC, KERRY
Address	702 SW 8TH STREET
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: TOM WARD

MANAGER

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date