## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000007035

Entity Name: OFFICE DEPOT, LLC

**Current Principal Place of Business:** 

6600 NORTH MILITARY TRAIL BOCA RATON, FL 33496

**Current Mailing Address:** 

6600 NORTH MILITARY TRAIL BOCA RATON, FL 33496 US

FEI Number: 59-2663954 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE 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

**FILED** Mar 01, 2024

**Secretary of State** 

2575329394CC

Authorized Person(s) Detail :

Title MANAGER Title VP, TAX

Name SCAGLIONE, DIEGO ANTHONY Name AVANT, ROBERT G.

6600 NORTH MILITARY TRAIL 6600 NORTH MILITARY TRAIL Address Address

BOCA RATON FL 33496 BOCA RATON FL 33496 City-State-Zip: City-State-Zip:

Title VICE PRESIDENT AND CHIEF Title MANAGER

FINANCIAL OFFICER HLAVINKA, SARAH E. Name

Name SCAGLIONE, DIEGO ANTHONY Address 6600 NORTH MILITARY TRAIL

6600 NORTH MILITARY TRAIL Address

City-State-Zip: BOCA RATON FL 33496 City-State-Zip: BOCA RATON FL 33496

Title VICE PRESIDENT AND SECRETARY Title

Name HLAVINKA, SARAH E. Name TRINLEY, ALICIA

Address 6600 NORTH MILITARY TRAIL Address 6600 NORTH MILITARY TRAIL

City-State-Zip: BOCA RATON FL 33496 City-State-Zip: BOCA RATON FL 33496

Title **PRESIDENT** Title VΡ

MOFFITT, KEVIN Name Name HOOD, MAX

Address 6600 NORTH MILITARY TRAIL Address 6600 NORTH MILITARY TRAIL

BOCA RATON FL 33496 City-State-Zip: City-State-Zip: BOCA RATON FL 33496

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: ALICIA TRINLEY

ASSISTANT SECRETARY

ASSISTANT SECRETARY

03/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title VICE PRESIDENT AND TREASURER Title VP

Name PERROTT, TIMOTHY Name HAGGARD, ADAM

Address 6600 NORTH MILITARY TRAIL Address 6600 NORTH MILITARY TRAIL

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