

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000005

Entity Name: DOLPHIN COMMERCE CENTER, LLC**Current Principal Place of Business:**801 GRAND AVE
DES MOINES, IA 50392**Current Mailing Address:**801 GRAND AVE
ATTN: BOB ROEPSCH
DES MOINES, IA 50392**FEI Number:** 42-0127290**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MGRM
Name	PRINCIPAL LIFE INSURANCE CO
Address	711 HIGH ST
City-State-Zip:	DES MOINES IA 50392

Title	MGR
Name	KOERSELMAN, TROY A
Address	801 GRAND AVE
City-State-Zip:	DES MOINES IA 50392

Title	MGR
Name	MCCONKEY, JENNIFER MGR
Address	801 GRAND AVE
City-State-Zip:	DES MOINES IA 50392

Title	MGR
Name	MOSES, ALLYSON
Address	801 GRAND AVE
City-State-Zip:	DES MOINES IA 50392

Title	MGR
Name	STUBBS, KEVIN JMGR
Address	801 GRAND AVE
City-State-Zip:	DES MOINES IA 50392

Title	MGR
Name	WADLE, BRENDA M
Address	801 GRAND AVE
City-State-Zip:	DES MOINES IA 50392

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: ROBERT ROEPSCH**RE EQUITY ADM****01/02/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date