

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005419

**Entity Name:** BOYNTON COMMERCE CENTER, LLC**Current Principal Place of Business:**801 GRAND AVENUE  
DES MOINES, IA 50392**Current Mailing Address:**801 GRAND AVENUE  
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 COMPANY
Address	801 GRAND AVENUE
City-State-Zip:	DES MOINES IA 50392

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

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

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

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

Title	MGR
Name	MOSES, ALLYSON
Address	801 GRAND AVENUE
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

01/02/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date