## **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001013

Entity Name: PURFOODS, LLC

**Current Principal Place of Business:** 

3210 SE CORPORATE WOODS DR.

ANKENY, IA 50021

**Current Mailing Address:** 

3210 SE CORPORATE WOODS DR.

ANKENY, IA 50021 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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

Date

**FILED** May 28, 2020

Secretary of State

2556588239CC

Authorized Person(s) Detail :

Title **MEMBER** Title **MEMBER** 

RAMSAY, DAVID Name ANDERSON, RICK Name 3090 GARNET RD Address 1126 S FEDERAL HWY Address

PO BOX 831

TETON VILLAGE WY 83025

FT. LAUDERDALE FL 33316 City-State-Zip:

Title **MEMBER** 

Title MEMBER CC PF AIV, LP Name

Name CC PF BLOCKER, LLC C/O CRESSEY & COMPANY Address

C/O CRESSEY & COMPANY Address LP 155 N WACKER DR SUITE 4500 LP 155 N WACKER DR SUITE 4500

CHICAGO IL 60606

City-State-Zip:

City-State-Zip: City-State-Zip: CHICAGO IL 60606

Title **MEMBER** 

Title **MEMBER** CRESSEY & COMPANY FUND V LP Name

Name DAVID RAMSAY 2010 GRAT C/O CRESSEY & COMPANY Address

Address 3090 GARNET RD LP 155 N WACKER DR SUITE 4500

PO BOX 831

CHICAGO IL 60606 City-State-Zip: City-State-Zip: **TETON VILLAGE WY 83025** 

Title **TREASURER** 

Title **PRESIDENT** 

Name CHOI, CHRIS Name ANDERSON, MICHAEL L.

3210 SE CORPORATE WOODS DR. Address 3210 SE CORPORATE WOODS DR. Address

City-State-Zip: ANKENY IA 50021 City-State-Zip: ANKENY IA 50021

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.

05/28/2020 SIGNATURE: RICK ANDERSON MEMBER

Electronic Signature of Signing Authorized Person(s) Detail