

**2019 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:** 41-2096639

**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

**Authorized Person(s) Detail :**

Title MEMBER  
Name ANDERSON, RICK  
Address 1126 S FEDERAL HWY  
City-State-Zip: FT. LAUDERDALE FL 33316

Title MEMBER  
Name CC PF AIV, LP  
Address C/O CRESSEY & COMPANY  
LP 155 N WACKER DR,SUITE 4500  
City-State-Zip: CHICAGO IL 60606

Title MEMBER  
Name CC PF BLOCKER, LLC  
Address C/O CRESSEY & COMPANY  
LP 155 N WACKER DR,SUITE 4500  
City-State-Zip: CHICAGO IL 60606

Title MEMEBER  
Name CRESSEY & COMPANY FUND V LP  
Address C/O CRESSEY & COMPANY  
LP 155 N WACKER DR,SUITE 4500  
City-State-Zip: CHICAGO IL 60606

Title MEMBER  
Name DAVID RAMSAY 2010 GRAT  
Address 3090 GARNET RD  
PO BOX 831  
City-State-Zip: TETON VILLAGE WY 83025

Title MEMBER  
Name RAMSAY, DAVID  
Address 3090 GARNET RD  
PO BOX 831  
City-State-Zip: TETON VILLAGE WY 83025

*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:** RICK ANDERSON

**MEMBER**

**03/21/2019**

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

\_\_\_\_\_  
Date