

**2023 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

**FILED**  
**Mar 01, 2023**  
**Secretary of State**  
**5286066006CC**

*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	Title	MEMBER
Name	DAVID RAMSAY 2010 GRAT	Name	CRESSEY & COMPANY FUND V LP
Address	3090 GARNET RD PO BOX 831	Address	C/O CRESSEY & COMPANY LP 155 N WACKER DR SUITE 4500
City-State-Zip:	TETON VILLAGE WY 83025	City-State-Zip:	CHICAGO IL 60606
Title	MEMBER	Title	MEMBER
Name	CC PF BLOCKER, LLC	Name	CC PF AIV, LP
Address	C/O CRESSEY & COMPANY LP 155 N WACKER DR SUITE 4500	Address	C/O CRESSEY & COMPANY LP 155 N WACKER DR SUITE 4500
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	MEMBER	Title	MEMBER
Name	ANDERSON, MICHAEL L.	Name	ANDERSON, RICK
Address	3210 SE CORPORATE WOODS DR.	Address	1126 S FEDERAL HWY
City-State-Zip:	ANKENY IA 50021	City-State-Zip:	FT. LAUDERDALE FL 33316
Title	MEMBER	Title	MEMBER
Name	CHOI, CHRIS	Name	DAVID , RAMSAY
Address	3210 SE CORPORATE WOODS DR.	Address	3090 GARNET RD PO BOX 831
City-State-Zip:	ANKENY IA 50021	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

03/01/2023

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

\_\_\_\_\_  
Date