

2017 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 PRESIDENT
Name ANDERSON, RICKEY
Address 1126 S FEDERAL HWY
City-State-Zip: FT LAUDERDALE FL 33316

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

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 MEMBER
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

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: BRIAN HOEY

**CHIEF ACCOUNTING &
RISK OFFICER**

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date