

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000011916

**Entity Name:** FLEETPARK PICKETTVILLE FL LLC

**Current Principal Place of Business:**

2200 ABBOTT DR.  
CARTER LAKE, IA 51510

**Current Mailing Address:**

2200 ABBOTT DR.  
CARTER LAKE, IA 51510 US

**FEI Number:** 85-3247057

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7904 4TH ST. N  
SUITE 300  
ST. PETERSBURG, FL 33702 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	CHIEF MANAGER	Title	CHIEF FINANCIAL MANAGER
Name	HOOVESTOL, WAYNE	Name	JAMES, MICHAEL
Address	2200 ABBOTT DR.	Address	2200 ABBOTT DR.
City-State-Zip:	CARTER LAKE IA 51510	City-State-Zip:	CARTER LAKE IA 51510
Title	AUTHORIZED REPRESENTATIVE	Title	CHIEF ASSISTANT MANAGER
Name	KAI, LAURA	Name	HOOVESTOL, JOE
Address	2200 ABBOTT DR.	Address	2200 ABBOTT DR.
City-State-Zip:	CARTER LAKE IA 51510	City-State-Zip:	CARTER LAKE IA 51510

*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:** KAI, LAURA

**AUTHORIZED  
REPRESENTATIVE**

**04/10/2023**

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

\_\_\_\_\_  
Date