

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000007825

Entity Name: STRATEGIC PRODUCT PARTNERS, LLC

Current Principal Place of Business:

5465 MILLS CIVIC PARKWAY, #400B
WEST DES MOINES, IA 50266

Current Mailing Address:

5465 MILLS CIVIC PARKWAY, #400B
WEST DES MOINES, IA 50266 US

FEI Number: 46-2910518

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
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 MBR
Name ACS INVESTORS, INC.
Address 508 GRAND OAKS DRIVE
City-State-Zip: WEST DES MOINES IA 50265

Title MBR
Name MCCOY, MICHAEL
Address 4326 OAKWOOD LANE
City-State-Zip: WEST DES MOINES IA 50265

Title MGR
Name GUSTAFSON, MATTHEW
Address 311 NE MISSION COURT
City-State-Zip: ANKENY IA 50021

Title MBR
Name VEP INVESTMENTS
Address 1014 MEMORIAL DRIVE
City-State-Zip: FRANKLIN TN 37064

Title MGR
Name GAER, STEVEN
Address 163 59TH STREET
City-State-Zip: WEST DES MOINES IA 50266

Title MGR
Name IVERS, SCOTT
Address 12519 DIAMOND RIDGE COURT
City-State-Zip: CLIVE IA 50325

Title MANAGER
Name WOOD, DARREN
Address 1014 MEMORIAL DRIVE
City-State-Zip: FRANKLIN TN 37064

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: DARREN WOOD

MANAGER

03/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date