

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003322

**Entity Name:** YOUNGLOVE CONSTRUCTION, L.L.C.

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2015E 7TH STREET  
SIOUX CITY, IA 51101

**New Principal Place of Business:**

2015 E 7TH ST  
SIOUX CITY, IA 51101

**Current Mailing Address:**

POB 8800  
SIOUX CITY, IA 51102

**New Mailing Address:**

PO BOX 8800  
SIOUX CITY, IA 511028800

FEI Number: 76-0729091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: YCC, INC.  
Address: 2015 E 7TH STREET PO BOX 8800  
City-St-Zip: SIOUX CITY, IA 511028800

Title: P  
Name: GUNSCH, MICHAEL A  
Address: 2015 E 7TH ST  
City-St-Zip: SIOUX CITY, IA 51101

Title: SVP  
Name: FIELD, LOREN S  
Address: 2015 E 7TH ST  
City-St-Zip: SIOUX CITY, IA 51101

Title: SVP  
Name: BRADBURY, WILLIAM L  
Address: 2015 E 7TH ST  
City-St-Zip: SIOUX CITY, IA 51101

Title: VP  
Name: POSS, JEFFREY L  
Address: 2015 E 7TH ST  
City-St-Zip: SIOUX CITY, IA 51101

Title: VP  
Name: DUBOIS, KEN I  
Address: 2015 E 7TH ST  
City-St-Zip: SIOUX CITY, IA 51101

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT J. DESMIDT

ST

01/13/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date