

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000000005

**Entity Name:** DOLPHIN COMMERCE CENTER, LLC

**Current Principal Place of Business:**

801 GRAND AVE  
DES MOINES, IA 50392

**Current Mailing Address:**

711 GRAND AVE  
ATTN: SHAWNA MURPHY  
DES MOINES, IA 50392 US

**FEI Number:** 42-0127290

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MGRM  
Name PRINCIPAL LIFE INSURANCE CO  
Address 711 HIGH ST  
City-State-Zip: DES MOINES IA 50392

Title MGR  
Name KOERSELMAN, TROY A  
Address 801 GRAND AVE  
City-State-Zip: DES MOINES IA 50392

Title MGR  
Name GRAVES, DAVID  
Address 801 GRAND AVE  
City-State-Zip: DES MOINES IA 50392

Title MGR  
Name FRITZ, COURTNEY  
Address 801 GRAND AVE  
City-State-Zip: DES MOINES IA 50392

Title MGR  
Name STUBBS, KEVIN J.  
Address 801 GRAND AVE  
City-State-Zip: DES MOINES IA 50392

Title MGR  
Name WADLE, BRENDA M  
Address 801 GRAND AVE  
City-State-Zip: DES MOINES IA 50392

*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:** SHAWNA MURPHY

**RE ENTITY  
ADMINISTRATOR**

**01/06/2023**

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

\_\_\_\_\_  
Date