## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003367

Entity Name: PREMIER/SOM AIRPORT PARK, LLC

**Current Principal Place of Business:** 

801 GRAND AVE DES MOINES. IA 50392

**Current Mailing Address:** 

801 GRAND AVE

DES MOINES. IA 50392 US

FEI Number: 26-1292840 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: LISA RICHARD, ASST. SECRETARY ON BEHALF OF CSC

01/09/2024

**FILED** Jan 09, 2024

**Secretary of State** 

2178673988CC

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title **MGRM** Title MANAGER

PREMIER/SOM AIRPORT PARK Name KOERSELMAN, TROY A Name MEMBER. LLC

Address 801 GRAND AVE 801 GRAND AVE

Address City-State-Zip: DES MOINES IA 50392 City-State-Zip: DES MOINES IA 50392

Title MANAGER

Title MANAGER Name GRAVES, DAVID Name WADLE, BRENDA Address 801 GRAND AVE

Address 801 GRAND AVE DES MOINES IA 50392 City-State-Zip:

City-State-Zip: DES MOINES IA 50392

Title **MANAGER** 

Title **MANAGER** Name STUBBS, KEVIN ADAMS, NATE Name Address 801 GRAND AVE

Address 801 GRAND AVE City-State-Zip: DES MOINES IA 50392

DES MOINES IA 50392 City-State-Zip:

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**  01/09/2024