2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000004950

Entity Name: LCS COMMUNITY EMPLOYMENT II LLC

Current Principal Place of Business:

400 LOCUST STREET STE 820
DES MOINES, IA 50309

Current Mailing Address:

400 LOCUST STREET STE 820
DES MOINES, IA 50309

FEI Number: 47-3481876

FILED
Mar 09, 2019
Secretary of State
0836318348CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST STE 4
TALLAHASSEE, FL 32301 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	MANAGER
Name	VICTOR, JASON
Address	400 LOCUST STREET STE 820
City-State-Zip:	DES MOINES IA 50309

Title	MANAGER
Name	BRIDGEWATER, DIANE C
Address	400 LOCUST STREET STE 820
City-State-Zip:	DES MOINES IA 50309

Title	MANAGER
Name	FRIEDMAN, MONICA
Address	400 LOCUST STREET STE 820
City-State-Zip:	DES MOINES IA 50309

Title	MANAGER
Name	NELSON, JOEL D
Address	400 LOCUST STREET STE 820
City-State-Zip:	DES MOINES IA 50309

Title	MANAGER
Name	RICKERT, YVONNE
Address	400 LOCUST STREET SUITE 820
City-State-Zip:	DES MOINES IA 50309

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: DIANE C. BRIDGEWATER MANAGER 03/09/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date