

**2021 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

**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           NELSON, JOEL D  
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

*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**

**03/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date