

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1500009479

Entity Name: CREWS COMMERCE VENTURE, LLC

Current Principal Place of Business:

711 HIGH STREET
DES MOINES, IA 50392

Current Mailing Address:

711 HIGH STREET
DES MOINES, IA 50392 US

FEI Number: 47-5327375

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 USPA CREWS COMMERCE MEMBER, LLC
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title MANAGER
Name KOERSELMAN, TROY A
Address 801 GRAND AVENUE
City-State-Zip: DES MOINES IA 50309

Title MANAGER
Name WADLE, BRENDA
Address 801 GRAND AVENUE
City-State-Zip: DES MOINES IA 50309

Title MANAGER
Name GRAVES, DAVID
Address 801 GRAND AVENUE
City-State-Zip: DES MOINES IA 50309

Title MANAGER
Name ADAMS, NATE
Address 801 GRAND AVENUE
City-State-Zip: DES MOINES IA 50309

Title MANAGER
Name STUBBS, KEVIN J.
Address 801 GRAND AVENUE
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: SHAWNA MURPHY

**RE ENTITY
ADMINISTRATOR**

01/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date