2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000010070

Entity Name: KOSSE PARTNERS I, LLC

Current Principal Place of Business:

2100 10TH ST SUITE 300 PLANO, TX 75074

Current Mailing Address:

2100 10TH ST SUITE 300 PLANO, TX 75074 US

FEI Number: 37-1692658 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES INC 515 EAST PARK AVENUE 2ND FL 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

FILED Jan 15, 2020

Secretary of State

4915544825CC

Authorized Person(s) Detail:

Title MANAGER Title CEO

Name MILLS, BRENDON Name MILLS, BRENDON

Address 2100 10TH ST SUITE 300 Address 2100 10TH ST SUITE 300

City-State-Zip: PLANO TX 75074 City-State-Zip: PLANO TX 75074

Title MANAGER Title CFO

Name ALTON, BRIAN Name ALTON, BRIAN

Address 2100 10TH ST SUITE 300 Address 2100 10TH ST SUITE 300

City-State-Zip: PLANO TX 75074 City-State-Zip: PLANO TX 75074

Title MANAGER Title MANAGER

Name O'BRIEN, JOSEPH D III Name PETERSON, JEFFREY G
Address 2100 10TH ST SUITE 300 Address 2100 10TH ST SUITE 300

City-State-Zip: PLANO TX 75074 City-State-Zip: PLANO TX 75074

Title MANAGER Title MANAGER

Name HARDEN, TIMOTHY S Name GERGEL, MARK

Address 2100 10TH ST SUITE 300 Address 2100 10TH ST SUITE 300

City-State-Zip: PLANO TX 75074 City-State-Zip: PLANO TX 75074

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: BRIAN E ALTON MANAGER 01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date