

**2023 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

**Authorized Person(s) Detail :**

Title MANAGER  
Name O'BRIEN, JOSEPH D III  
Address 2100 10TH ST SUITE 300  
City-State-Zip: PLANO TX 75074

Title MANAGER  
Name PETERSON, JEFFREY G  
Address 2100 10TH ST SUITE 300  
City-State-Zip: PLANO TX 75074

Title MANAGER  
Name HARDEN, TIMOTHY S  
Address 2100 10TH ST SUITE 300  
City-State-Zip: PLANO TX 75074

Title MANAGER  
Name GERGEL, MARK  
Address 2100 10TH ST SUITE 300  
City-State-Zip: PLANO TX 75074

Title MANAGER  
Name SHELNUTT, JOHN  
Address 2100 10TH ST SUITE 300  
City-State-Zip: PLANO TX 75074

Title CEO  
Name SHELNUTT, JOHN  
Address 2100 10TH ST SUITE 300  
City-State-Zip: PLANO TX 75074

Title CFO  
Name SLACK, JARED  
Address 2100 10TH ST SUITE 300  
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:** JARED SLACK

CFO

04/28/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date