

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000008314

**Entity Name:** PALEN KIMBALL, L.L.C.

**Current Principal Place of Business:**

1717 UNIVERSITY AVE. W.  
SAINT PAUL, MN 55104

**Current Mailing Address:**

1717 UNIVERSITY AVE. W.  
SAINT PAUL, MN 55104 US

**FEI Number:** 26-3132509

**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           MANAGER  
Name           FRASER, DAMON  
Address        2124 UNIVERSITY AVE. W.  
City-State-Zip: ST. PAUL MN 55114

Title           MANAGER  
Name           THOMPSON, MARK  
Address        2124 UNIVERSITY AVE. W.  
City-State-Zip: ST. PAUL MN 55114

Title           MANAGER  
Name           MINGO, GUY  
Address        2124 UNIVERSITY AVE. W.  
City-State-Zip: ST. PAUL MN 55114

Title           MANAGER  
Name           SCHOMBURGER, RICHARD  
Address        1717 UNIVERSITY AVE. W.  
City-State-Zip: SAINT PAUL MN 55104

*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:** DAMON FRASER

**MANAGER**

**04/04/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date