

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000026

Entity Name: GC3, L.L.C.**Current Principal Place of Business:**1200 12TH STREET
STE 201
WEST DES MOINES, IA 50265**Current Mailing Address:**1200 12TH STREET
STE 201
WEST DES MOINES, IA 50265 US**FEI Number:** 42-1437309**Certificate of Status Desired:** Yes**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	SECRETARY, MANAGER
Name	NOGA, ANDREW
Address	1111 ASHWORTH ROAD
City-State-Zip:	WEST DES MOINES IA 50265

Title	CHAIRMAN, MANAGER
Name	SNYDER, JESSICA
Address	1111 ASHWORTH ROAD
City-State-Zip:	WEST DES MOINES IA 50265

Title	MANAGER, TREASURER
Name	SANDERSFELD, ELISABETH
Address	1111 ASHWORTH ROAD
City-State-Zip:	WEST DES MOINES IA 50265

Title	MANAGER, ASST. SECRETARY
Name	BELL, DAVE
Address	1200 12TH STREET SUITE 201
City-State-Zip:	WEST DES MOINES IA 50265

Title	MANAGER, PRESIDENT
Name	NADLER, TOM
Address	1200 12TH STREET SUITE 201
City-State-Zip:	WEST DES MOINES IA 50265

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: ANDREW NOGA**SECRETARY****04/08/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date