## **2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000001604

Entity Name: LCS DEVELOPMENT LLC

**Current Principal Place of Business:** 

400 LOCUST STREET, SUITE 820 DES MOINES, IA 50309-2334

**Current Mailing Address:** 

400 LOCUST STREET, SUITE 820 DES MOINES, IA 50309-2334

FEI Number: 42-1479864 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST. SUITE 4 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 Mar 30, 2021

**Secretary of State** 

8575213682CC

Authorized Person(s) Detail:

Title MGR Title MGR

Name VICTOR, JASON Name NELSON, JOEL D

Address 400 LOCUST STREET, SUITE 820 Address 400 LOCUST STREET, SUITE 820

City-State-Zip: DES MOINES IA 50309-2334 City-State-Zip: DES MOINES IA 50309

Title MGR Title MGR

Name MACBETH, THEODORE Name BRIDGEWATER, DIANE C

Address 400 LOCUST STREET, SUITE 820 Address 400 LOCUST STREET, STE 820

City-State-Zip: DES MOINES IA 50309 City-State-Zip: DES MOINES IA 50309

Title MANAGER

Name MURPHY, CHARLES J.

Address 400 LOCUST STREET, SUITE 820

City-State-Zip: DES MOINES IA 50309-2334

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: DIANE C. BRIDGEWATER

**MANAGER** 

03/30/2021