## 2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000011423

Entity Name: USPA MEDLEY LOGISTICS, LLC

### **Current Principal Place of Business:**

711 HIGH STREET DES MOINES, IA 50392

# **Current Mailing Address:**

711 HIGH STREET DES MOINES, IA 50392 US

# FEI Number: 42-0127290

# Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

Date

Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

Title	M	Title	MANAGER
Name	PRINCIPAL LIFE INSURANCE CO	Name	KOERSELMAN, TROY A
Address	711 HIGH ST	Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392	City-State-Zip:	DES MOINES IA 50392
Title	MANAGER	Title	MANAGER
Name	WADLE, BRENDA	Name	GRAVES, DAVID
Address	711 HIGH STREET	Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392	City-State-Zip:	DES MOINES IA 50392
Title	MANAGER	Title	MANAGER
Name	ADAMS, NATE	Name	STUBBS, KEVIN J.
Address	711 HIGH STREET	Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392	City-State-Zip:	DES MOINES IA 50392

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: SHAWNA MURPHY

RE ENTITY ADMINISTRATOR 01/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date