

Form Revision Date 07/2016

ANNUAL STATEMENT

(Required by Section 207, Act 23, Public Act of 1993)

(Negaried by Gootlen 207, Not 20, 1 dans Not 6, 1776)			
Identification Number: 801145883			
Annual Statement Filing Ye	ear: 2019		
1. Limited Liability Compan	y Name:		
A. SWEET SERVICES, L	L.C.		
1. Resident Agent Name:	ne limited liability company	y's registered office and name of the	he resident agent at that office:
2. Street Address:	882 CALPERNIA		
Apt/Suite/Other:			
City:	WIXOM		
State:	MI	Zip Code: 48	3393
3. Mailing address of the r P.O. Box or Street	registered office: P.O. BOX 930408		
Address: Apt/Suite/Other:	1.0. BOX 730400		
City:	WIXOM		
State:	MI	Zip Code: 48	3393-0408
Th:	-		
	-	, manager, or an authorized agent.	
Signed this 30th Day of Ja	muary, 2019 by:		
Signature		Title	Title if "Other" was selected
Inez Sweet		Member	
		is electronic document is being sig rovided is true, accurate, and in co jm Decline jm Accept	gned in accordance with the Act. I further certify ompliance with the Act.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the 2019 ANNUAL STATEMENT

for

A. SWEET SERVICES, L.L.C.

ID Number: 801145883

received by electronic transmission on January 30, 2019 , is hereby endorsed.

Filed on January 30, 2019 , by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 30th day of January, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau