

			Form Revision Date 07/2016
	ŀ	ANNUAL STATEMENT	
(Required by Section 207, Act 23, Public Act of 1993)			
Identification Number:		801826733	
Annual Statement Filing	Year: 2019		
1. Limited Liability Compa	any Name:		
SMITH CREEK FARMS	, LLC		
<ol> <li>The street address of</li> <li>Resident Agent Name</li> </ol>		y's registered office and name of the re	sident agent at that office:
2. Street Address:	48991 JEFFERSON AVE		
Apt/Suite/Other:			
City:	CHESTERFIELD		
State:	MI	Zip Code: 48047	
3. Mailing address of the	e registered office:		
P.O. Box or Street Address: Apt/Suite/Other:	PO BOX 480485		
City:	NEW HAVEN		
State:	MI	Zip Code: 48048	
This annual statement m	nust be signed by a member,	manager, or an authorized agent.	
Signed this 30th Day of	December, 2019 by:		
Signature		Title	Title if "Other" was selected
Micheal J DeMil		Member	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act. jm Decline jm Accept

## MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

## FILING ENDORSEMENT

This is to Certify that the 2019 ANNUAL STATEMENT

for

SMITH CREEK FARMS, LLC

*ID Number:* 801826733

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

*Filed on* December 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 December, 2019.

Jinda (

Linda Clegg, Interim Director Corporations, Securities & Commercial Licensing Bureau