



Form Revision Date 07/2016

ANNUAL STATEMENT

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

Identification Number: 801798731

Annual Statement Filing Year: 2020

1. Limited Liability Company Name:

ALIDADE MINNEAPOLIS TECH, LLC

2. The street address of the limited liability company's registered office and name of the resident agent at that office:

1. Resident Agent Name: GEOFFREY LANGDON

2. Street Address: 40900 WOODWARD AVE

Apt/Suite/Other: STE 250

City: BLOOMFIELD HILLS

State: MI Zip Code: 48304

3. Mailing address of the registered office:

P.O. Box or Street Address: 40900 WOODWARD AVE

Apt/Suite/Other: SUITE 250

City: BLOOMFIELD HILLS

State: MI Zip Code: 48304

This annual statement must be signed by a member, manager, or an authorized agent.

Signed this 14th Day of January, 2020 by:

Signature	Title	Title if "Other" was selected
Geoffrey Langdon	Authorized Agent	

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.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the 2020 ANNUAL STATEMENT

for

ALIDADE MINNEAPOLIS TECH, LLC

ID Number: 801798731

received by electronic transmission on January 14, 2020 ***, is hereby endorsed.***

Filed on January 14, 2020 ***, 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 14th day of January, 2020.

Linda Clegg

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau