

ANNUAL STATEMENT

Form Revision Date 07/2016

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

| Resident Agent Name: TRACIE CHE Street Address: 4451 CRIMS Apt/Suite/Other: City: GRAND BLAN State: MI Mailing address of the registered offic P.O. Box or Street Address: | SON CT NC Zip Code: 4; | - |
|---|---|-------------------------------|
| TLC ESSENTIALS LLC 2. The street address of the limited liabid 1. Resident Agent Name: TRACIE CHE 2. Street Address: 4451 CRIMS Apt/Suite/Other: GRAND BLAN State: MI 3. Mailing address of the registered office P.O. Box or Street Address: | WNING SON CT NC Zip Code: 4 | - |
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| Apt/Suite/Other: City: GRAND BLAN State: MI 3. Mailing address of the registered offic P.O. Box or Street Address: | NC Zip Code: 4 | 8439 |
| City: GRAND BLAN State: MI 3. Mailing address of the registered offic P.O. Box or Street Address: | Zip Code: 4 | 8439 |
| State: MI 3. Mailing address of the registered offic P.O. Box or Street Address: | Zip Code: 4 | 8439 |
| P.O. Box or Street Address: | e: | |
| Apt/Suite/Other: City: State: | Zip Code: | |
| This annual statement must be signed by | y a member, manager, or an authorized agent | |
| Signed this 27th Day of January, 2020 b | y: | |
| Signature | Title | Title if "Other" was selected |
| Tracie Chewning | Other | Owner |

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2020 ANNUAL STATEMENT

for

TLC ESSENTIALS LLC

ID Number: 802102914

received by electronic transmission on January 27, 2020 , is hereby endorsed.

Filed on January 27, 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 27th day of January, 2020.

Junda (

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