

**LARA** Corporations  
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Department of Licensing and Regulatory Affairs

Form Revision Date 07/2016

## ANNUAL STATEMENT

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

Identification Number: 801976228

Annual Statement Filing Year: 2020

1. Limited Liability Company Name:

TSFR PIZZA, 114, 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: MARK S SCHOSTAK

2. Street Address: 17800 LAUREL PARK DRIVE NORTH

Apt/Suite/Other: SUITE 200C

City: LIVONIA

State: MI

Zip Code: 48152

3. Mailing address of the registered office:

P.O. Box or Street Address: 17800 LAUREL PARK DR N

Apt/Suite/Other: SUITE 200C

City: LIVONIA

State: MI

Zip Code: 48152

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

Signed this 14th Day of February, 2020 by:

Signature	Title	Title if "Other" was selected
Mark S. Schostak	Manager	

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***

TSFR PIZZA, 114, LLC

***ID Number:*** 801976228

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

***Filed on*** February 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 February, 2020.***

*Linda Clegg*

***Linda Clegg, Interim Director***

***Corporations, Securities & Commercial Licensing Bureau***