

				Form Revision Date 07/2016	
ANNUAL STATEMENT (Required by Section 207, Act 23, Public Act of 1993)					
					Identification Number:
Annı	ual Statement Filing Ye	ear: 2021			
1. Lii	mited Liability Compan	y Name:			
TLC ESSENTIALS LLC					
	he street address of the sident Agent Name:	ne limited liability company TRACIE CHEWNING	's registered office and name of	the resident agent at that office:	
2. S	treet Address:	1093 LAURIE LANE			
А	pt/Suite/Other:				
С	ity:	DAVISON			
S	itate:	MI	Zip Code:	48423	
3. M	ailing address of the r	registered office:			
	P.O. Box or Street	1093 LAURIE LANE			
	npt/Suite/Other:				
C	City:	DAVISON			
S	State:	MI	Zip Code: A	Zip Code: 48423	
This	annual statement mus	st be signed by a member,	manager, or an authorized ager	nt.	
Sign	ed this 11th Day of Fe	ebruary, 2021 by:			
Sig	nature		Title	Title if "Other" was selected	
Tra	cie Chewning		Other	Owner	
			s electronic document is being s ovided is true, accurate, and in jm Decline jm Accept	signed in accordance with the Act. I further certify compliance with the Act.	

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the 2021 ANNUAL STATEMENT

for

TLC ESSENTIALS LLC

ID Number: 802102914

received by electronic transmission on February 11, 2021 , is hereby endorsed.

Filed on February 11, 2021 , 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 11th day of February, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau