

		Form Revision	
	A	NNUAL STATEMENT	
(Required by Section 207, Act 23, Public Act of 1993)			
dentification Number:		802178577	
nnual Statement Filing Ye	ear: 2021		
. Limited Liability Compan	y Name:		
DEARBORN ELITE HOSP	PITALITY, LLC		
2. The street address of th . Resident Agent Name:	he limited liability company's JOEL YONO	registered office and name of th	ne resident agent at that office:
2. Street Address:	2600 AUBURN ROAD		
Apt/Suite/Other:	SUITE 240		
City:	AUBURN HILLS		
State:	MI	Zip Code: 48	326
. Mailing address of the r P.O. Box or Street	-		
Address:	2600 AUBURN ROAD		
Apt/Suite/Other:	SUITE 240		
City: State:	AUBURN HILLS	Zin Code	
	MI	Zip Code: 483	326
		nanager, or an authorized agent.	
Signed this 12th Day of Fe	ebruary, 2021 by:		
Signature		Title	Title if "Other" was selected
		Authorized Agent	

m Decline m Accept

## MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

## FILING ENDORSEMENT

This is to Certify that the 2021 ANNUAL STATEMENT

for

DEARBORN ELITE HOSPITALITY, LLC

*ID Number:* 802178577

received by electronic transmission on February 12, 2021 , is hereby endorsed.

*Filed on* February 12, 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 12th day of February, 2021.

Jinda (

Linda Clegg, Director Corporations, Securities & Commercial Licensing Bureau