

Form Revision Date 07/2016

	ANNU	AL STATEMENT	Torm Revision Bate 67/2010
	(Required by Section	on 207, Act 23, Public Act of 199	93)
Identification Number:		801976228	
Annual Statement Filing Ye	ear: 2021		
Limited Liability Companger	y Name:		
TSFR PIZZA, 114, LLC			
2. The street address of th1. Resident Agent Name:	ne limited liability company's register MARK S SCHOSTAK	red office and name of the resid	lent agent at that office:
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 r	egistered 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 mus	st be signed by a member, manager,	or an authorized agent.	
Signed this 14th Day of Fe	ebruary, 2021 by:		
Signature		Title	Title if "Other" was selected
Mark S Schostak		Manager	
	reby acknowledge that this electron by by by the information provided is just be	true, accurate, and in compliand	accordance with the Act. I further certify ce with the Act.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the 2021 ANNUAL STATEMENT

for

TSFR PIZZA, 114, LLC

ID Number: 801976228

received by electronic transmission on February 14, 2021 , is hereby endorsed.

Filed on February 14, 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 14th day of February, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau