



Form Revision Date 07/2016

ANNUAL STATEMENT
For use by DOMESTIC LIMITED LIABILITY COMPANY
(Required by Section 207, Act 23, Public Act of 1993)

Identification Number: 801822918

Annual Statement Filing Year: 2022

1. Limited Liability Company Name:
FIRE DEPARTMENT TRAINING CONSULTANTS, 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: PHILIP VERBURG
2. Street Address: 1748 MISSOULA CT SE
Apt/Suite/Other:
City: CALEDONIA
State: MI Zip Code: 49316
3. Mailing address of the registered office:
P.O. Box or Street Address: 496 ADA DRIVE SE
Apt/Suite/Other: SUITE 201
City: ADA
State: MI Zip Code: 49301

This annual statement must be signed by a member, manager, or an authorized agent.
Signed this 25th Day of January, 2022 by:

| Signature | Title | Title if "Other" was selected |
|----------------|--------|-------------------------------|
| Lisa A Verburg | Member | |

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.
j_n Decline j_n Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2022 ANNUAL STATEMENT

for

FIRE DEPARTMENT TRAINING CONSULTANTS, LLC

ID Number: 801822918

received by electronic transmission on January 25, 2022 ***, is hereby endorsed.***

Filed on January 25, 2022 ***, 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 25th day of January, 2022.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau