

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:		802351584	
Annual Statement Filing Yea	ar: 2021		
Limited Liability Company	/ Name:		
ADELAURE LLC			
The street address of th Resident Agent Name:	e limited liability company	y's registered office and name of the res	sident agent at that office:
2. Street Address: Apt/Suite/Other:	18421 JAMES COUZENS	FWY	
City:	DETROIT		
State:	MI	Zip Code: 48235	
3. Mailing address of the re P.O. Box or Street Address: Apt/Suite/Other:	egistered office: 18421 JAMES COUZENS	FWY	
City:	DETROIT		
State:	MI	Zip Code: 48235	
This annual statement mus	t be signed by a member,	, manager, or an authorized agent.	
Signed this 7th Day of Mar	ch, 2022 by:		
Signature		Title	Title if "Other" was selected
THONY PERRUDIN		Authorized Agent	
		is electronic document is being signed in rovided is true, accurate, and in compliant in Decline in Accept	n accordance with the Act. I further certify ance with the Act.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the 2021 ANNUAL STATEMENT

for

ADELAURE LLC

ID Number: 802351584

received by electronic transmission on March 07, 2022 , is hereby endorsed.

Filed on March 07, 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 7th day of March, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau