

Form Revision Date 07/2016

		NUAL STATEMENT MESTIC LIMITED LIABILITY C	OMPANY
	(Required by	Section 207, Act 23, Public Act	of 1993)
Identification Number:			
Annual Statement Filing Y	ear: 2023		
Limited Liability Compar	ny Name:		
FIRE DEPARTMENT TRA	AINING CONSULTANTS, LLC		
The street address of t Resident Agent Name:	he limited liability company's re	gistered office and name of the	e resident agent at that office:
2. Street Address:	1748 MISSOULA CT SE		
Apt/Suite/Other:			
City:	CALEDONIA		
State:	MI	Zip Code: 493	16
3. Mailing address of the	registered office:		
P.O. Box or Street Address:	1748 MISSOULA CT. SE		
Apt/Suite/Other:	SUITE 201		
City:	CALEDONIA		
State:	MI	Zip Code: 49316	
This annual statement mu	ust be signed by a member, mar	nager, or an authorized agent.	
Signed this 15th Day of N	ovember, 2022 by:		
Signature		Title	Title if "Other" was selected
Lisa A Verburg		Member	
	owledge the information provide		ed in accordance with the Act. I further certify appliance with the Act.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the 2023 ANNUAL STATEMENT

for

FIRE DEPARTMENT TRAINING CONSULTANTS, LLC

ID Number: 801822918

received by electronic transmission on November 15, 2022, is hereby endorsed.

Filed on November 15, 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 15th day of November, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau