

	Form	ANNUAL STATEMENT	Form Revision Date 07/2016	
		se by DOMESTIC LIMITED LIABILITY CC uired by Section 207, Act 23, Public Act o		
Identification Number:		801431140	801431140	
Annual Statement Filing	Year: 2023			
1. Limited Liability Comp AUTUMN RIDGE APAF	any Name : RTMENTS OF ADRIAN, L.L	C.		
 2. The street address of 1. Resident Agent Name 2. Street Address: Apt/Suite/Other: 	5		resident agent at that office:	
City: State:	ADRIAN MI	Zip Code: 4922	1	
 Mailing address of the P.O. Box or Street Address: Apt/Suite/Other: City: State: 	e registered office: 1338 W MAUMEE ST ADRIAN MI	- OFFICE Zip Code: 4922	1	
This annual statement n Signed this 9th Day of D		nber, manager, or an authorized agent.		
Signature		Title	Title if "Other" was selected	
Andrew C. Tipton		Member		
		It this electronic document is being signer on provided is true, accurate, and in comp	d in accordance with the Act. I further certify pliance with the Act.	

> jm Accept jm Decline

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2023 ANNUAL STATEMENT

for

AUTUMN RIDGE APARTMENTS OF ADRIAN, L.L.C.

ID Number: 801431140

received by electronic transmission on December 09, 2022, is hereby endorsed.

Filed on December 09, 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 9th day of December, 2022.

Jinda "

Linda Clegg, Director Corporations, Securities & Commercial Licensing Bureau