

Form Revision Date 07/2016

		ANNUAL STATEMENT DOMESTIC LIMITED LIABILIT	
		ed by Section 207, Act 23, Public .	
Identification Number:		801670314	
Annual Statement Filing	y Year: 2023		
1. Limited Liability Comp NOVAKANE, LLC	pany Name:		
The street address o Resident Agent Nam		ny's registered office and name of	f the resident agent at that office:
Street Address:Apt/Suite/Other:	5770 VENTURE PARK DE	RIVE	
City:	KALAMAZOO		
State:	MI	Zip Code:	49009
3. Mailing address of th	ne registered office:		
P.O. Box or Street Address: Apt/Suite/Other:	5770 VENTURE PARK DE	RIVE	
City:	KALAMAZOO		
State:	MI	Zip Code:	49009
This annual statement i	must be signed by a member	r, manager, or an authorized ager	nt.
Signed this 3rd Day of	February, 2023 by:		
Signature		Title	Title if "Other" was selected
John M Novak		Member	
		nis electronic document is being s provided is true, accurate, and in	signed in accordance with the Act. I further certify compliance with the Act.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the 2023 ANNUAL STATEMENT

for

NOVAKANE, LLC

ID Number: 801670314

received by electronic transmission on February 03, 2023 , is hereby endorsed.

Filed on February 03, 2023 , 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 3rd day of February, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau