



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: 801617680

Annual Statement Filing Year: 2024

1. Limited Liability Company Name:  
 FLAT RIVER GROUP, 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: CAPITOL CORPORATE SERVICES, INC.  
 2. Street Address: 186 N MAIN ST  
 Apt/Suite/Other: 2ND FL STE 1  
 City: PLYMOUTH  
 State: MI Zip Code: 48170  
 3. Mailing address of the registered office:  
 P.O. Box or Street Address: 186 N MAIN ST  
 Apt/Suite/Other: 2ND FL STE 1  
 City: PLYMOUTH  
 State: MI Zip Code: 48170

This annual statement must be signed by a member, manager, or an authorized agent.  
 Signed this 27th Day of November, 2023 by:

Signature	Title	Title if "Other" was selected
Roshan Gummattira	Manager	

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.  
 jn Decline      jn Accept

***MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS***  
***FILING ENDORSEMENT***

***This is to Certify that the*** 2024 ANNUAL STATEMENT

***for***

FLAT RIVER GROUP, LLC

***ID Number:*** 801617680

***received by electronic transmission on*** November 27, 2023 ***, is hereby endorsed.***

***Filed on*** November 27, 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 27th day of November, 2023.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***