



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: 801454593

Annual Statement Filing Year: 2024

1. Limited Liability Company Name:
 INDICON MEXICO EMPLOYEES 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 17th Day of January, 2024 by:

Signature	Title	Title if "Other" was selected
PAUL DUHAIME	Other	PRESIDENT

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.

j_n Decline j_n Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2024 ANNUAL STATEMENT

for

INDICON MEXICO EMPLOYEES LLC

ID Number: 801454593

received by electronic transmission on January 17, 2024 ***, is hereby endorsed.***

Filed on January 17, 2024 ***, 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 17th day of January, 2024.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau