



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: 803054219

Annual Statement Filing Year: 2024

1. Limited Liability Company Name:  
 MARGARET BECKER THERAPY 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: JOSIAH DAVID BECKER

2. Street Address: 305 CLEMENTS MILL CT SE  
 Apt/Suite/Other:  
 City: ADA  
 State: MI Zip Code: 49301

3. Mailing address of the registered office:  
 P.O. Box or Street Address: 305 CLEMENTS MILL CT SE  
 Apt/Suite/Other:  
 City: ADA  
 State: MI Zip Code: 49301

This annual statement must be signed by a member, manager, or an authorized agent.  
 Signed this 11th Day of February, 2024 by:

Signature	Title	Title if "Other" was selected
Josiah Becker	Authorized Agent	

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 Decline      j Accept

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

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

***for***

MARGARET BECKER THERAPY LLC

***ID Number:*** 803054219

***received by electronic transmission on*** February 11, 2024 ***, is hereby endorsed.***

***Filed on*** February 11, 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 11th day of February, 2024.***

*Linda Clegg*

***Linda Clegg, Director***

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