DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS PROFESSIONAL LIMITED LIABILITY COMPANY ANNUAL REPORT AND ANNUAL STATEMENT

2018



| Due February 15, 201 | 8 File Online at wy | <u>ww.mich</u> | <u>igan.gov</u> | <u>/fileo</u> i | nline | | | | |
|--|--|----------------|---|-----------------|---------|--------------------|-----|------------------|--|
| Identification Number E74179 | nited Liability Company name AW OFFICES OF MICHAEL J. LACEY, P.L.C. | | | | | | | | |
| Resident agent name and mailing address of the registered office | | | If different from 1, change resident agent and mailing address of registered office in MICHIGAN. | | | | | | |
| MICHAEL J LA | CEY ESQ | | | | | | | | |
| 66 MARKET STREET SUITE 200 MOUNT CLEMENS MI 48043 | | | FILED RI | | RECE | EIVED | | | |
| | | JUI | JUL 09 2018 | | | JAN 1 8 2018 | | | |
| | | CORPOR | ATIONS DIV | /ISION | LARA : | \$75.0 0 | | | |
| 2 The address of the registered office 66 MARKET STREET SUITE 200 MOUNT CLEMENS MI 48043 | | | If different from 2, change address of registered office (number, street, city, state, zip) in MICHIGAN | | | | | | |
| | nes and complete add additional sheets if no Street Address | | /. | | and ma | | | | |
| Name | | _ | City | | | State | | Code | |
| MICHAEL J LACEY | | Sireer | | | Clemens | | 480 | | |
| Name | Street Address | | City | | | State | Zıţ | Code | |
| Name | Street Address | | City | | | State | Zip | Code | |
| Name | Street Address | | City | | | State | Zip | Code | |
| | manager is a licensed person in or manager not licensed or oth onal services in this state | | | | | | | | |
| 4 Signature of authorized member, manager or agent. | | | Title | | | Date Phone (Option | | Phone (Optional) | |
| Milal & In | | | OWNER | | | 01/16/2018 | | 586 329 1335 | |
| | tatement due February | | | nn | | | | | |

eived by agency aπer February 15, 2018 total fee is \$125.00.

Annual Report & Statement Must Be Signed

Domestic. Signature of a manager if management is vested in managers, by at least 1 member if management remains in the members or by an authorized agent of the domestic limited liability company

Foreign Signature of a person with authority to do so under the laws of the foreign limited liability company's jurisdiction of organization

Veterans - Pursuant to MCL 450 5101(7), if a majority of the membership interests in the domestic or foreign limited liability company responsible for paying the fee are held by 1 or more honorably discharged veterans of the armed forces of the United States, you may contact the Corporations Division regarding a fee waiver

Required by Sections 207 and 909, Act 23, Public Acts of 1993, as amended

File online at www.michigan.gov/fileonline

or mail your completed report and statement with a check or money order payable to the State of Michigan

Return to

Corporations Division P O Box 30768 Lansing MI 48909 (517) 241-6470

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