# DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LIMITED LIABILITY COMPANY ANNUAL STATEMENT

Roesident 12/15/200

Due February 15, 2021

File Online at www.michigan.gov/corpfileonline

Identification Number 802259369	1	bility Company Name LTH DIAGNOSTICS, LLC	
Resident agent name and mailing address of the registered office  RANAJIT MUKHERJEE			Change resident agent and/or mailing address of registered office in MICHIGAN (can be a P.O. Box)
22260 GARRISON ST. DEARBORN, MI 48124		RECEIVED	FEB 2 7 2021
		DEC 2 1 2020	Corporations Division
		LARA \$25 00	
2 The address of the registered office 22260 GARRISON ST. DEARBORN, MI 48124			Change address of registered office in MICHIGAN (MICHIGAN address: number, street, city, state, zip, cannot be a P.O. Box)
3. Signature of authorized member, manager or agent. Title			Date Phone (Optional)

## Annual Statement Must Be Signed (Item 3 above)

**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.

Filing Fee: \$25.00

## Annual Statement must be received by agency on or before February 15, 2021.

**Veterans:** Pursuant to MCL 450.5101(9)(10), if a majority of the membership interests in the limited liability company responsible for paying the fee are held by 1 or more veterans who served in the United States Armed Forces, (including the reserve components) who were discharged or released under conditions other than dishonorable, you may obtain further information regarding a fee waiver at **www.michigan.gov/corpveteranfeewaivers** 

#### <u>Submit</u>

### Online: www.michigan.gov/corpfileonline

Save time by filing online. You will get an immediate response and you can elect to receive future notices by email to the resident agent. The agent will also be sent an email when a document is filed, or the CID/PIN is requested. You will need your Customer ID number (CID) and PIN, which can be obtained using the CID/PIN Recovery Page at www.michigan.gov/corppin.

Mail: Return completed statement with a check or money order payable to the State of Michigan to Corporations Division, P.O. Box 30768, Lansing, MI 48909. (517) 241-6470