# 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# M1000003258

#### Entity Name: TALASCEND, LLC

# Current Principal Place of Business:

5700 CROOKS ROAD SUITE 320 TROY, MI 48098

## **Current Mailing Address:**

5700 CROOKS ROAD SUITE 320 TROY, MI 48098 US

## FEI Number: 74-3034970

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE:

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

City-State-Zip: TROY MI 48098

Title	MANAGER	Title	MANAGER
Name	WOOD, RON	Name	SHOLK, BRUCE
Address	5700 CROOKS ROAD SUITE 320	Address	5700 CROOKS ROAD SUITE 320
City-State-Zip:	TROY MI 48098	City-State-Zip:	TROY MI 48098
Title	MANAGER		
Name	WOOD, MAUREEN		
Address	5700 CROOKS ROAD SUITE 320		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

04/29/2024

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date