

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000003258

**Entity Name:** TALASCEND, LLC

**Current Principal Place of Business:**

5700 CROOKS ROAD  
SUITE 450  
TROY, MI 48098

**Current Mailing Address:**

5700 CROOKS ROAD  
SUITE 450  
TROY, MI 48098 US

**FEI Number:** 74-3034970

**Certificate of Status Desired:** No

**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

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name SHOLK, BRUCE  
Address 5700 CROOKS ROAD  
SUITE 450  
City-State-Zip: TROY MI 48098

Title MANAGER  
Name WOOD, MAUREEN  
Address 5700 CROOKS ROAD  
SUITE 450  
City-State-Zip: TROY MI 48098

Title MANAGER  
Name WOOD, RON  
Address 5700 CROOKS ROAD  
SUITE 450  
City-State-Zip: TROY MI 48098

*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.*

**SIGNATURE:** RON WOOD

MANAGER

04/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date