

2014 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 WOOD, RON
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 SHOLK, BRUCE
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

04/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date