

**2016 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**

**03/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date