

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 31, 2017
Secretary of State
CC0684883335

Entity Name: CAIDAN MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

1 CAMPUS MARTIUS, SUITE 700
DETROIT, MI 48226

Current Mailing Address:

1 CAMPUS MARTIUS, SUITE 700
DETROIT, MI 48226 US

FEI Number: 26-4004494

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MGR
Name COTTON, SEAN P
Address 1 CAMPUS MARTIUS, SUITE 700
City-State-Zip: DETROIT MI 48226

Title SECR
Name COTTON, SEAN P
Address 1 CAMPUS MARTIUS, SUITE 700
City-State-Zip: DETROIT MI 48226

Title MGR
Name COTTON, JON B
Address 1 CAMPUS MARTIUS, SUITE 700
City-State-Zip: DETROIT MI 48226

Title ATRS
Name COTTON, JON B
Address 1 CAMPUS MARTIUS, SUITE 700
City-State-Zip: DETROIT MI 48226

Title MGR
Name COTTON, DAVID B M.D.
Address 1 CAMPUS MARTIUS, SUITE 700
City-State-Zip: DETROIT MI 48226

Title PRES
Name COTTON, DAVID B M.D.
Address 1 CAMPUS MARTIUS, SUITE 700
City-State-Zip: DETROIT MI 48226

Title MGR
Name COTTON, MICHAEL D
Address 1 CAMPUS MARTIUS, SUITE 700
City-State-Zip: DETROIT MI 48226

Title TREASURER
Name TOROSIAN, JANICE
Address 1 CAMPUS MARTIUS, SUITE 700
City-State-Zip: DETROIT MI 48226

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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: CHARLES E. BAKER

**ASSISTANT GENERAL
COUNSEL**

01/31/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title OTHER, ATTORNEY
Name BAKER, CHARLES E
Address 1 CAMPUS MARTIUS, SUITE 700
City-State-Zip: DETROIT MI 48226