

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # M05000002203

1. Entity Name
6204 14TH MERGER, LLC



Principal Place of Business

ONE TOWNE SQUARE, SUITE 1913
26100 NORTHWESTERN HIGHWAY
SOUTHFIELD, MI 48076

Mailing Address

ONE TOWNE SQUARE, SUITE 1913
26100 NORTHWESTERN HIGHWAY
SOUTHFIELD, MI 48076



03302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0017392

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGR |
| NAME | SELIGMAN FLP, INC. |
| STREET ADDRESS | 26100 NORTHWESTERN HIGHWAY |
| CITY-ST-ZIP | SOUTHFIELD, MI 48076 |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
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04/16/07-80029-016 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

Scott J. Seligman,
President of Manager

4/2/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #