

Foreign Registration Statement

BUSINESS INFORMATION

Business Name:

LABOR LAW POSTER SERVICE, LLC

UBI Number:

604 418 409

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status:

TERMINATED

Principal Office Street Address:

6323 W SAGINAW HWY STE E, LANSING, MI, 48917-2492, UNITED STATES

Principal Office Mailing Address:

6323 W SAGINAW HWY STE E, LANSING, MI, 48917-2492, UNITED STATES

Expiration Date:

03/31/2020

Jurisdiction:

UNITED STATES, MICHIGAN

Formation/Registration Date:

03/13/2019

Period of Duration:

PERPETUAL

Inactive Date:

07/03/2020

Nature of Business:

ANY LAWFUL PURPOSE, THE COMPANY SELLS BUSINESS POSTERS.

BUSINESS NAME

Business Name:

LABOR LAW POSTER SERVICE, LLC

JURISDICTION

Jurisdiction:

MICHIGAN

DOING BUSINESS AS (DBA) NAME [RCW 23.95.525](#)

DBA Name:

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
KEN SCHNEIDER	2015 33RD ST, EVERETT, WA, 98201-4416, UNITED STATES	2015 33RD ST, EVERETT, WA, 98201-4416, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

MICHAELB@LLPSINC.COM

Street Address:

6323 W SAGINAW HWY, STE E, LANSING, MI, 48917-2492, USA

Mailing Address:

5859 W SAGINAW HWY, #343, LANSING, MI, 48917-2460, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		JUSTIN	FATA
GOVERNOR	INDIVIDUAL		JOSEPH	FATA
GOVERNOR	INDIVIDUAL		THOMAS	FATA

DATE OF FORMATION IN HOME JURISDICTION

Date of formation in its home jurisdiction:

07/03/2018

PERIOD OF DURATION IN HOME JURISDICTION

Duration:

PERPETUAL

NATURE OF BUSINESS

- | ANY LAWFUL PURPOSE
- | THE COMPANY SELLS BUSINESS POSTERS.

EFFECTIVE DATE

Effective Date:

03/10/2021

CERTIFICATE OF EXISTENCE

The Certificate of Existence MUST be dated within 60 days of this submission date to be considered acceptable for your Foreign Registration Statement filing record.

RCW [23.95.510\(2\)](#)

Do you have a prepared Certificate of Existence you would like to upload? - **Yes**

Certificate of Existence

Certificate of GS Domestic LLC-

TRANSFER OF REGISTRATION

For Transfer of Registration refer [RCW 23.95.545](#)

RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

EMAIL OPT-IN

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

☒ I am an authorized person.

Person Type:

ENTITY

First Name:

MICHAEL

Last Name:

BISHOP

Entity Name:

LABOR LAW POSTER SERVICE

Title:

OPERATIONS MANAGER

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.