

2018

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ANNUAL REPORT
DOMESTIC LIMITED LIABILITY COMPANY

SDCL 47-34A-211; 59-11-24, 24.1

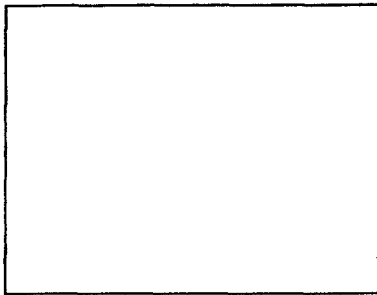
Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605) 773-4845
corpinfo@state.sd.us

FILING FEE: \$50

Make check payable to SECRETARY OF STATE

Effective July 1st, 2016:

Late Fee: \$50 / Paper Filing Fee: \$15



1. Business ID and Name:

DL020406

Business ID

Telephone # _____

LIBERTY DEVELOPMENT, LLC
HERBERT K. HODSON
310 AVENUE B
MARTIN, SD 57551

Business Name

2. The jurisdiction under whose law it is formed South Dakota

3. The address of the principal executive office (business address).

<u>310 AVENUE B</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>
Actual Street Address	City	State	ZIP+4
<u>PO BOX 72</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>
Mailing Address, if Different from Street Address	City	State	ZIP+4

Email Address (Optional)

4. The South Dakota Registered Agent's name

South Dakota law permits the registered agent to be either: A) a noncommercial registered agent (this may be an individual), B) a commercial registered agent, or C) an office holder. Complete only one below, either (a) or (b) or (c).

(a) The South Dakota Noncommercial Registered Agent's name Herbert K. Hodson

<u>310 AVENUE B</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>
Actual Street Address in this State	City	State	ZIP+4
<u>PO BOX 72</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>
Mailing Address in this State, if Different from Street Address	City	State	ZIP+4

Email Address (Optional)

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Name	CRA#
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(c) Title of the office or other position with the company _____

Business Office's Actual Street Address in this State	City	State	ZIP+4
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Mailing Address in this State, if Different from Street Address	City	State	ZIP+4
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Email Address (Optional)

5. If the LLC is manager managed, list the names and addresses of its principal officers and directors (governors). SDCL 59-11-24. If the LLC is manager-managed, this section may be left blank.

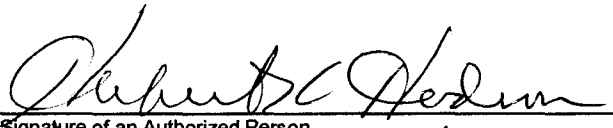
Manager/Governor	Actual Street Address	City	State	ZIP+4
Manager/Governor	Actual Street Address	City	State	ZIP+4
Manager/Governor	Actual Street Address	City	State	ZIP+4

6. Beneficial Interest (optional)

Owner	Description of Ownership	Percentage/Value
Owner	Description of Ownership	Percentage/Value

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated Dec. 4, 2018


Signature of an Authorized Person

Email _____
(Optional)

HERBERT K. HODSON
Printed Name