

Form **LLC-50.1**

Secretary of State
 Department of Business Services
 Limited Liability Division
 501 S. Second St., Rm. 351
 Springfield, IL 62756
 217-524-8008
www.ilsos.gov

Illinois
 Limited Liability Company Act
Annual Report

Filing Fee:	75.00
Series Fee, if required:	0.00
Penalty:	0.00
Total:	75.00

FILE # 02770377
 Due prior to: 02/01/2025

FILED

February 25, 2025

Alexi Giannoulias
Secretary of State

1. Limited Liability Company Name: HOSPICE TOOLS LLC

Registered Agent: CHAIM T. KLEIN
2715 W. BIRCHWOOD
CHICAGO, IL 60645

2. State or Country of Organization: IL Date Organized in or Admitted to Illinois: 02/25/2009

3. Address of Principal Place of Business:
4101 MAIN STREET SKOKIE, IL 60076-2753

4. Name and business address of all managers and any member having the authority of manager:
KLEIN, CHAIM
4101 W MAIN ST SKOKIE, IL 60076

5. Entity managers affirm their current existence.

6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.

7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

Dated: February 25, 2025
 Month/Day Year

DONIEL KLEIN _____

 Name

ACCOUNTS PAYABLE _____

 Title

If applicant is a company or other entity, state Name of Company