

# ANNUAL REPORT

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION  
Taxpayer Services - Charter Division P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

**2021  
Form 1**

Due April 15th  
Date Received  
by Department  
**04/15/2021**

Type of Business	Dept. ID Prefix	Filing Fee	Type of Business	Dept. ID Prefix	Filing Fee
<input type="checkbox"/> Domestic Stock Corporation	(D)	\$300	<input checked="" type="checkbox"/> Domestic Limited Liability Company	(W)	\$300
<input type="checkbox"/> Foreign Stock Corporation	(F)	\$300	<input type="checkbox"/> Foreign Limited Liability Company	(Z)	\$300
<input type="checkbox"/> Domestic Non-Stock Corporation	(D)	-0-	<input type="checkbox"/> Domestic Limited Partnership	(M)	\$300
<input type="checkbox"/> Foreign Non-Stock Corporation	(F)	-0-	<input type="checkbox"/> Foreign Limited Partnership	(P)	\$300
<input type="checkbox"/> Foreign Insurance Corporation	(F)	\$300	<input type="checkbox"/> Domestic Limited Liability Partnership	(A)	\$300
<input type="checkbox"/> Foreign Interstate Corporation	(F)	-0-	<input type="checkbox"/> Foreign Limited Liability Partnership	(E)	\$300
<input type="checkbox"/> SDAT Certified Family Farm	(A,D,M,W)	\$100	<input type="checkbox"/> Domestic Statutory Trust	(B)	\$300
<input type="checkbox"/> Real Estate Investment Trust	(D)	\$300	<input type="checkbox"/> Foreign Statutory Trust	(S)	\$300

## SECTION I

Name of Business: **LE FLAIR, LLC**

Mailing Address:

Address has been changed.

**LE FLAIR, LLC  
10607 LONG LEAF LN  
WALDORF  
MD 20603**

Department ID Number: **W20915260**

Federal Employee Identification Number:

State of Incorporation/Formation: **MD**

Date of Incorporation/Formation: **09/11/2020**

Federal Principal Business Code:

Nature of Business: **EVENT DECOR**

Trading As Name:

Email Address:

## SECTION II

**A. Corporate Officers N/A**

President:

Vice President:

Secretary:

Treasurer:

**B. Directors N/A**

Total Number of Directors:

Total Number of Female Directors:

**SECTION III**

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A. Does the business own, lease, or use personal property located in Maryland?  YES  NOB. Does the business require or maintain a trader's (retail sales) or other license with a local unit of government?  YES  NOC. Did the business have gross sales in Maryland?  YES  NO  
Total or amount of business transacted in Maryland: \$D. Did the entity dispose, sell, or transfer ALL of its business personal property prior to January 1?  YES  NO**SECTION IV**

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By signing this form below, you declare, under the penalty of perjury, and pursuant to Tax-Property Article 1-201 of the Annotated Code of Maryland, that this Annual Report, including any accompanying forms, schedules, and/or statements, has been examined by you and, to the best of your knowledge and belief, is a true, correct, and complete Annual Report for the Entity listed in Section I.

**A. Corporate Officer or Principal of Entity**Name: **TIA GROVES**Date: **04/15/2021**

Mailing Address:

Email: **LEFLAIRSTYLE@GMAIL.COM**Phone: **3014672844****B. Firm or Individual, other than taxpayer, preparing this Annual Report/Personal Property Tax Return**

Name:

Date:

Mailing Address:

Email:

Phone:

# BUSINESS PERSONAL PROPERTY TAX RETURN

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION, TAXPAYER SERVICES DIVISION  
P.O. BOX 17052 Baltimore, Maryland 21297-1052; 410-767-1170 • 888-246-5941 within Maryland

**2021  
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## SECTION V

Name of Business: **LE FLAIR, LLC**

MD Department ID Number: **W20915260**

A. Mailing Address: **LE FLAIR, LLC  
10607 LONG LEAF LN  
WALDORF  
MD 20603**

B. Email:

C. Is any business conducted in Maryland?

YES  NO

D. Date began: **09/11/2020**

E. Nature of Business: **EVENT DECOR**

F. Fiscal Year Start date: **01/01/2020**

Fiscal Year End date: **12/31/2020**

G. Total Gross Sales, or amount of business transacted during prior year in Maryland: \$

*If you report Total Gross Sales in question G of Section V, but do not report any personal property in Section VI, please explain how business is conducted without using personal property. If the business is using personal property of another business entity, please provide the name and address of that business entity below.*

H. Explanation:

**Personal Property: Other Business**

Is this business using the personal property of another business?

YES  NO

Other Business Name:

Other Business MD Department ID Number:

Other Business Location:

Remarks:

**SECTION VI**

A. Physical location of all personal property in Maryland: **10607 LONG LEAF LN  
WALDORF MD 20603**

Location has been changed.

1. Original cost by year of acquisition for any furniture, fixtures, tools, machinery and/or equipment not used for manufacturing or research & development:

Year Acquired	A	B	C	D	E	F	G	Total Cost
<b>2020</b>				<b>1,591</b>				<b>1,591</b>
<b>2019</b>								
<b>2018</b>								
<b>2017</b>								
<b>2016</b>								
<b>2015</b>								
<b>2014</b>								
<b>2013 &amp; prior</b>								
<b>Totals</b>								<b>1,591</b>

Describe property identified in B - G above:

**2020: D - EQUIPMENT PURCHASE**

2. Commercial Inventory – amounts furnished from most recent Maryland Income Tax Return:

Average Monthly Inventory: \$

Opening Inventory date: **09/11/2020**

Amount: \$

Closing Inventory date: **12/31/2020**

Amount: \$ **1,900**

3. Supplies Average Cost: \$ **69**

4. Manufacturing and/or Research and Development (R&D):

Average Monthly Inventory: \$

## 5. Tools, machinery, and/or equipment used for manufacturing or research and development:

Year Acquired	A	C	D	Year Acquired	A	C	D
2020		247		2016			
2019				2015			
2018				2014			
2017				2013 & prior			

Describe property identified in C &amp; D above:

**2020: C - FOAM BOARD, PIVO, INK**Total Cost: \$ **247**

## 6. Vehicles with interchangeable Registration and/or Unregistered vehicles:

Year Acquired	Original Cost	Year Acquired	Original Cost
2020		2018	
2019		2017 & prior	

Total Cost: \$

## 7. Non-farming livestock:

Book Value: \$	Market Value: \$
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## 8. Other personal property:

Total Cost: \$ **572**

## 9. Property owned by others and used or held by the business or lessee or otherwise:

Total Cost: \$

## 10. Property owned by the business, used by others as lessee or otherwise:

Total Cost: \$

**SECTION VII**A. Is this the first Maryland Annual Report/Personal Property Tax Return filed by this business?  YES  NODoes this business succeed an established business?  YES  NO

Name of succeeded business:

B. Does the business own any fully depreciated and/or expensed personal property located in Maryland?  YES  NOIf yes, is that property reported on this return?  YES  NO

C. If the business transfers assets in or out of Maryland, or disposes of assets (\$200,000 or more or 50% of the total property) during the prior year, complete Form SD-1.

**Certification**

The individual(s) named below declare, under the penalty of perjury, and pursuant to Tax-Property Article 1-201 of the Annotated Code of Maryland, that this Annual Report, including any accompanying forms, schedules, and/or statements, has been examined by them and, to the best of their knowledge and belief, is a true, correct, and complete Annual Report for the Entity listed in Section I.

**Taxpayer**Name: **TIA GROVES**Date: **04/15/2021**Email: **LEFLAIRSTYLE@GMAIL.COM**Phone: **3014672844****Preparer**

Name:

Date:

Address:

Email:

Phone: