


2019 – ANNUAL REPORT INSTRUCTION FORM

(Connecticut LLCs)

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.

Customer ID Number <i>[blacked out]</i>	Notice Date 12/28/18	Business ID Number <i>[blacked out]</i>	Entity Start Date <i>[blacked out]</i>
Business Address <i>[blacked out]</i>			 <div style="border: 1px solid black; padding: 5px; text-align: center;">Please Respond By: 1/25/19</div>

Connecticut laws require every limited liability company authorized to transact business in the State to timely file an annual report every year. Records indicate *[blacked out]* has not filed an annual report in 2 year(s). If the entity does not file an annual report, it may be in default and administratively dissolved.

CONNECTICUT GENERAL STATUTES § 34-247k: "(a) A limited liability company or a registered foreign limited liability company shall deliver to the Secretary of State by electronic transmission an annual report..."

If the business entity is still in use, Workplace Compliance Services, a private entity, will assist for a fee in the filing of your annual report. **WORKPLACE COMPLIANCE SERVICES IS NOT A GOVERNMENT AGENCY AND DOES NOT HAVE A CONTRACT WITH ANY GOVERNMENTAL AGENCY TO PROVIDE THIS SERVICE.**

To utilize this service, follow the steps below. Workplace Compliance Services will not disclose any information about your business to any third-party, including competitors, unless required by law. Mail the completed form with \$ █ in the enclosed envelope. **Please respond today!**

STEP 1. Verify the accuracy of the pre-printed business information. Make any necessary changes and complete any missing information.

Business Name <i>[blacked out]</i>	Business ID <i>[blacked out]</i>
Mailing Address <i>[blacked out]</i>	
Principal Address <i>[blacked out]</i>	

STEP 2. Provide the name, title and addresses of the principal(s) of the business.

Principal Name <i>[blacked out]</i>	Title <i>[blacked out]</i>
Business Address <i>[blacked out]</i>	
Residence Address <i>[blacked out]</i>	
Principal Name <i>[blacked out]</i>	Title <i>[blacked out]</i>
Business Address <i>[blacked out]</i>	
Residence Address <i>[blacked out]</i>	
Principal Name <i>[blacked out]</i>	Title <i>[blacked out]</i>
Business Address <i>[blacked out]</i>	
Residence Address <i>[blacked out]</i>	
Principal Name <i>[blacked out]</i>	Title <i>[blacked out]</i>
Business Address <i>[blacked out]</i>	
Residence Address <i>[blacked out]</i>	

STEP 3. PAYMENT INFORMATION Complete payment to file your annual report. All services are fully guaranteed.

<input type="checkbox"/>	CHECK ENCLOSED FOR \$ █	Please make your check payable to: WORKPLACE COMPLIANCE SERVICES 1022 Boulevard #248 West Hartford, CT 06119	Further assistance: Call (877) 770-3555
	<i>Price includes state fee and WCS processing fee.</i>		

STEP 4. I authorize an electronic signature on behalf of the limited liability company. I understand that Workplace Compliance Services is not a government agency and is not providing legal advice.

Signature (to be signed by an officer or registered agent) **REQUIRED**	Capacity/Title
Print Name Clearly	Date
Email Address	Phone