


2022 – ANNUAL REPORT INSTRUCTION FORM

(New Jersey LLCs)

| IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT. | | | |
|--|----------------------------------|-------------------------------------|--|
| Customer ID Number F259688390 | Notice Date 04/11/2022 | Document Number 450703040 | Formation Date 09/16/2021 |
| Business Address <div style="border: 1px solid black; width: 200px; height: 40px; margin: 10px auto;"></div> <div style="text-align: right; margin-top: 20px;"></div> | | | |
| | | | Please Respond By: 05/13/2022 |

New Jersey laws require every corporation, limited liability company, and limited partnership authorized to transact business in the state timely file an annual report each year. If [] LLC does not file an annual report for two consecutive years, you may be at risk for penalties and fines.

NEW JERSEY REVISED STATUTES § 42:2C-26: "Each domestic and foreign limited liability company shall file an annual report with the filing office..."

If the business entity is still in use, C.P.S., a private entity, will assist for a fee in the filing of your annual report.

C.P.S. 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. C.P.S. will not disclose any information about your business to any third-party, including competitors, unless required by law. Mail the completed form with \$160.00 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. | | | |
|--|------------------|-------------------------------------|----------------------------|
| Type of Business LLC | FEI / EIN Number | Formation Date 09/16/2021 | Filing Year 2022 |
| Main Business or Headquarters Address (must be in New Jersey) | | | |

| STEP 2. Provide the name, title and address of each director / officer. (MUST BE ACCURATE) | |
|---|-------|
| Name | Title |
| Address | |
| Name | Title |
| Address | |
| Name | Title |
| Address | |
| Name | Title |
| Address | |

| STEP 3. Is this business entity required to provide worker's compensation insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide the following: | |
|---|---|
| Insurance Company | <input type="checkbox"/> Business is self-insured |
| Policy Number | Date Coverage Began |

| STEP 4. If you wish to change the registered agent and/or office, provide the information below, otherwise leave blank.* | |
|---|--|
| Registered Agent Name | |
| | |

| STEP 5. PAYMENT INFORMATION. Complete payment to file your annual report. All services are fully guaranteed. | | |
|---|---|--|
| <input type="checkbox"/> CHECK ENCLOSED FOR \$160.00 | Please make your check payable to: C.P.S. 1977 N. Olden Avenue Ext, #650 Trenton, NJ 08618 | Further assistance: Call (609) 630-8358 |
| <small>Price includes state fee and C.P.S. processing fee. *If you have changes to the Registered Agent, please add \$25 to your total, to file an amendment.</small> | | |

| STEP 6. I authorize an electronic signature on behalf of the above mentioned LLC and understand that C.P.S. is not a government agency and is not providing legal advice. | | |
|--|--------------------|-------|
| Signature **REQUIRED** (to be signed by an officer or registered agent) | Print Name Clearly | |
| Title | Email | Phone |