
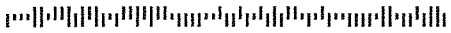


2018 - ANNUAL REPORT INSTRUCTION FORM
(New Jersey LLCs)

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.			
Customer ID Number F25448548	Notice Date 8/23/2018	Document Number 600222450	Formation Date 12/23/2004
Business Address <div style="text-align: center;">  *****AUTO**SCH 5-DIGIT 07821 54 MAIN ST STE 101 SUCCASUNNA, NJ 07876-1400  </div>			
			Please Respond By: 09/14/2018

New Jersey laws require every corporation, limited liability company, and limited partnership authorized to transact business in the State to timely file an annual report every year. If ~~an LLC does not file an annual report for two consecutive years, you may be at risk for penalties and fines.~~ 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, 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 force of law. Mail the completed form with \$125 in the enclosed envelope. **Please respond today!**

STEP 1. Verify the correctness of the pre-printed business information. Make any necessary changes and complete any missing information.			
Type of Business LLC	FEI / EIN Number	Formation Date 12/23/2004	Filing Year 2018
Main Business or Headquarters Address 54 Main St- Suite 101?, Succasunna, NJ 07876			

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	
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 NATIONAL REGISTERED AGENTS, INC. OF NJ	
Registered Agent Address 820 BEAR TAVERN RD, WEST TRENTON, NJ 08628	

STEP 5. PAYMENT INFORMATION Complete payment to file your annual report.		
\$50 - State Fee	Please make your check payable to: WORKPLACE COMPLIANCE SERVICES 1977 N. Olden Avenue Ext, #650 Trenton, NJ 08618	Further assistance: Call (877) 770-3555 ←
+ \$75 - Processing Fee		
\$125 - TOTAL		

STEP 6. I authorize an electronic signature on my behalf & understand that WCS is not a government agency & is not providing legal advice.		
Signature **REQUIRED** (to be signed by an officer or registered agent)	Print Name Clearly	
Email	Phone	Date