


# 2018 – ANNUAL REPORT INSTRUCTION FORM

(New Jersey LLCs)

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.			
Customer ID Number [REDACTED]	Notice Date 7/20/2018	Document Number [REDACTED]	Formation Date [REDACTED]
Business Address  [REDACTED]			
			<b>Please Respond By:</b> <b>08/17/2018</b>

**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 [REDACTED] 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 [REDACTED]	Filing Year 2018
Main Business or Headquarters Address [REDACTED]			

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 [REDACTED]	
Registered Agent Address [REDACTED]	

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

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