## 2020 - ANNUAL REPORT INSTRUCTION FORM

(Mississippi LLCs)

|  | IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.                           |   |  |                                     |  |                                  |           |  |    |
|--|---|---|--|-------------------------------------|--|----------------------------------|-----------|--|----|
| Cust   | tomer ID Number   | Notice  |  |                                     | siness ID                              | ETING I AI                       |           | tity Start Date  | _  |
|  | F99523705   |   | 12/09/2019                                 | 22000                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                  |           | 01/04/2019   |    |
| Busi   | PM81209A SCH<br>7000008789 00.  | .0037.0305 8  |  |                                     |  |                                  | 1101      |  |    |
|  |   |   | , LLC                                      |                                     |  |                                  |           |  |    |
|  | #2F   |   |  |                                     |  |                                  | P         | Please Respond By:<br>01/10/2020   |    |
| year.  | If  |   | , LLC does not file an                     | n annual i                          | report, it ma                          | ay be in defau                   | ılt and a | ely file an annual report even<br>administratively dissolved.  |    |
| on su  | ich date as may be estab  | blished by the  | Secretary of State, to the Se              | ecretary o                          | f State for f                          | iling an annu                    | al repor  |  |    |
| their  | annual report free of ch  | narge directly  | through the issuing governm                | nent agen                           | cy.                                    |                                  |           | eport. Entities may elect to f   |    |
| PRO  | VIDE THIS SERVICE.  |   |  |                                     |  |                                  |           | VERNMENTAL AGENCY T  |    |
| To utilize this service, follow the steps below. C.P.F.S. will not disclose any information about your business to any third-party, incl competitors, unless required by law. Mail the completed form with \$75.00 in the enclosed envelope. Please respond today! |   |   |  |                                     |  |                                  |           |  |    |
|  | TEP 1. Verify the correctness of the pre-printed business information. Make any necessary changes a       |   |  |                                     |  |                                  |           | plete any missing information.   |    |
| Busine   | pal Address   |   |  |                                     |  |                                  | Fede      | rai iax id   |    |
| Princip  |   |   |  |                                     |  |                                  | NAIC      | S Code (nature of business)  |    |
| Email.   | Address   |   |  |                                     |  | e business have rating Agreement | - 1       | е  |    |
| S  | ΓΕΡ 2. <sub>→</sub> Registered Age  | ent. If you ne  | ed to make a change to wh                  | at is on f                          | ile, you mu                            | st file an ame                   | endmer    | nt for an additional \$50.00.  | ij |
| _  | tered Agent Name  |   |  |                                     |  | ent Email Address                |           |  |    |
| Regist   | ered Agent Address  |   |  |                                     |  |                                  |           | C  |    |
| SI   | ΓΕΡ 3. Provide the na   | ime(s) and ac   | ddress(es) of the Manager(s                | s) and Me                           | ember(s) of                            | the business                     | . (Musi   | t include at least one)  |    |
|  | ger/Member Name   |   |  |                                     |  | Title                            |           |  | _  |
| Manag  | ger/Member Address  |   |  |                                     |  |                                  |           |  |    |
| Manag  | ger/Member Name   |   |  |                                     |  | Title                            |           |  | _  |
| Manag  | er/Member Address   | ***   |  |                                     |  |                                  |           |  |    |
| Manag  | er/Member Name  |   |  |                                     |  | Title                            |           | - Aller - Alle |    |
| Manag  | er/Member Address   |   |  |                                     |  |                                  |           |  |    |
| ST   | EP 4. PAYMENT IN  | NFORMATI  | ON Complete payment to                     | file your                           | annual repo                            | ort.                             |           |  |    |
|  | CHECK ENCLOSED For Price includes state fee and *If you have changes to the please add \$50 to your total | d C.P.F.S. proce<br>e Registered Ag<br>al, to file an ame | ent, 1220 E. Norths                        | C.P.F.S.<br>side Drive<br>n, MS 392 | , Ste. #299<br>211                     |                                  | D.        | Further assistance:<br>Call (601) 258-6659   |    |
| ST   | TEP 5. I authorize an el<br>agency and is n   | lectronic signa<br>not providing le                       | ature on behalf of the above legal advice. | mentione                            | d LLC and ι                            | inderstand tha                   | at C.P.F  | S. is not a government   |    |
| Signat   | ure (to be signed by an officer o   | or registered ager  | nt) **REQUIRED**                           |                                     | Print Name (                           | Clearly                          |           |  |    |
| Title  |   | Ema   | ail Address                                |                                     |  |                                  | Phone     |  | 1  |

THE STATE OF MISSISSIPPI ANNUAL REPORT CAN BE FILED DIRECTLY WITH THE STATE FOR FREE.

Place Stamp Here

C.P.F.S. 1220 E. Northside Drive, Ste. #299 Jackson, MS 39211

## FILING CHECKLIST - KEEP THIS INFORMATION FOR YOUR RECORDS

- Complete all necessary fields.
- Provide name, email & phone of your entity's authorized party. This will be used if we need to contact you.
- Signature is required for processing.
- Submit a valid form of payment. Please confirm that the check or money order is accurately completed, including name, date, total and signature.
- Submit your company's completed form along with payment for your entity's filing in the enclosed envelope.

Should you have any questions or concerns while waiting for your filing to be complete, please call us at:

877-329-4662

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