SOLICITATION FOR SERVICES 2020 - ANNUAL REPORT INSTRUCTION FORM (Louisiana LLCs)

IMPORTANT! FOLLOW	VINSTRUCTIONS EXACTLY	Y WHEN COMPLETING THIS	S FORM. PLEASE PRINT.
Customer ID Number	Notice Date	Charter Number	Entity Start Date
Business Address			
	BUISNESS DRESS		BARCODE
			Please Respond By:
		()	
Louisiana laws require limited liability companies registered to transact business in the state to timely file an annual report every year. If does not file an annual report for three consecutive years, your LLC may be administratively dissolved by the Louisiana Secretary o			
State.			
LOUISIANA REVISED STATUTE §12:1308.1: "On or before the anniversary date of organization of each limited liability company, a manager of the company, if its management is vested in one or more managers, or a member of the company, if its management is reserved to the members, shall file ar annual report each year with the secretary of state, signed in the name of the limited liability company by the manager, member, or agent" *only applies to any LLC organized or qualified on or after July 7,1992.			
If the entity is still in use, C.P.S., a private entity, will assist for a fee in the filing of your annual report. You may file the annual report documents yoursel or utilize some other service provider to do so. All orders will be fulfilled from our corporate office at 7718 Northport Drive, Lansing, Michigan.			
C.P.S. IS NOT A GOVERNMENT AGENCY AND IS NOT AFFILIATED WITH THE LOUISIANA SECRETARY OF STATE OR ANY GOVERNMENTAL AGENCY.			
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 \$125.00 in the enclosed envelope. Please respond today!			
STEP 1. If your company is a domestic limited liability company (organized as a limited liability company in the State of Louisiana), complete the following.			
Municipal address of the registered office for t	the LLC, which must be more than a P.O. Box	X	
Registered Agent Name			
Registered Agent Address (must also be more than a P.O. Box)			
Registered Agent Name (if you have more than one)			
Registered Agent Address (must also be more than a P.O. Box)			
STEP 2. Name and municipal address of each manager, if management of the LLC is vested in one or more managers. Or, the name and			
municipal address of each member	dress of each manager, if manager r, if management of the LLC is rese	ment of the LLC is vested in one or rved to the members. Again, the ad	more managers. Or, the name and dress must be more than a P.O. Box.
Manager/Member Name		Tit	le
Manager/Member Address			
Manager/Member Name		Tid	le
Manager/Member Address			
Manager/Member Name		Tit	de
Manager/Member Address			
Manager/Member Name			
Manager/Member Name		Tit	е
Manager/Member Address			
STEP 3. PAYMENT INFORMATION Complete payment to file your annual report.			
CHECK ENCLOSED FOR \$1	25.00 Please make you	r check payable to:	Further assistance:
Price includes state fee and C.P.S. processing fee. C.P.S. 5614 Connecticut Ave. NW, PMB 190 Washington DC 20015 ALL C.P.S. PROCESSING FEES ARE 100% FULLY GUARANTEED. Call (877) 329-4662 or Email info@cps-filings.com			
STEP 4. Authorization and Contact Information (to be signed by authorized manager of a manager-managed LLC or authorized member of a member-managed LLC)			
I authorize an electronic signature on behalf of the limited liability company. I understand that C.P.S. is not a government agency and is not providing legal advice.			
Signature **REQUIRED**		Print Name Clearly	
Title	Email Address		Phone
THE STATE OF LOUISIAN		DIRECTLY WITH THE STATE FOR	THE STATUTORY \$35 FEE.