


2019 – ANNUAL REPORT INSTRUCTION FORM

(Hawaii LLCs)

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.			
Customer ID Number [REDACTED]	Notice Date [REDACTED] 19	Entity File Number [REDACTED]	Entity Start Date [REDACTED]
Business Address [REDACTED]			 Please Respond By: 4/12/19

Hawaii laws require every limited liability company authorized to transact business in the State to timely file an annual report every year. If [REDACTED] does not file an annual report, you may be at risk for penalties.

HAWAII REVISED STATUTE §428-210: "Each limited liability company... authorized to transact business in this State shall deliver to the director for filing an annual report..."

If the business entity is registered in Hawaii, 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 law. Mail the completed form with \$125 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.

LLC Name [REDACTED]		
Business Address [REDACTED]		
Formation Date [REDACTED]	State in which LLC was Organized	Nature of Business (optional)

STEP 2. Registered Agent (make changes where necessary)

Registered Agent Name [REDACTED]
Registered Agent Address [REDACTED]

STEP 3. Answer the following about your LLC's management.

Is the company manager-managed or member-managed? [REDACTED]	If the company is manager-managed, state the total number of members here
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STEP 4. Managers or members are: [Must state the names and business addresses of all managers (if manager-managed) or the names and addresses of all members (if member-managed).] Attach an extra sheet if necessary.

Name [REDACTED]	Title [REDACTED]
Address	
Name	Title
Address	
Name	Title
Address	

STEP 5. PAYMENT INFORMATION Complete payment to file your annual report. All services are fully guaranteed.

<input type="checkbox"/> CHECK ENCLOSED FOR \$125 <small>Price includes state fee and WCS processing fee.</small>	Please make your check payable to: WORKPLACE COMPLIANCE SERVICES 4348 Waiialae Ave. #700 Honolulu, HI 96816	Further assistance: Call (877) 770-3555
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STEP 6. Authorization and Contact Information [to be signed by an authorized manager of a manager-managed company, member of a member-managed company, fiduciary (if company is in the hands of a receiver, trustee or other court-appointed fiduciary) or attorney-in-fact.]

I authorize an electronic signature on behalf of the limited liability company. I understand that Workplace Compliance Services is not a government agency and is not providing legal advice.

Signature **REQUIRED**	Print Name Clearly	
Title	Email Address	Phone