



**SOLICITATION FOR SERVICES
2021 - ANNUAL REPORT INSTRUCTION FORM
(North Carolina LLCs)**

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.

Customer ID Number	Notice Date	Secretary of State LLC ID Number	Entity Start Date
Business Address			
PMN1113A ALL FOR AADC 296 7000039269 00.0172.0219 39269/1  			
			Please Respond By: 12/18/2020

North Carolina laws require limited liability companies authorized to transact business in the state to timely file an annual report every year. If CAROLINA FIDUCIARY SERVICES LLC does not file an annual report, you may be at risk for penalties.

NORTH CAROLINA GENERAL STATUTES §57D-2-24: "(a) Excluding professional limited liability companies governed by G.S. 57D-2-02, each LLC authorized to transact business in this state must deliver to the Secretary of State for filing annual reports on a form prescribed by, and in the manner required by, the Secretary of State..."

If the business entity is still in use, C.F.S., a private entity, will assist for a fee the filing of your annual report.

C.F.S. IS NOT A GOVERNMENT AGENCY AND IS NOT AFFILIATED WITH THE NORTH CAROLINA SECRETARY OF STATE OR ANY OTHER GOVERNMENT AGENCY.

To utilize this service, follow the steps below. C.F.S. will not disclose any information about your business to any third-party, including competitors, unless required by law. Mail the completed form with **\$295.00** in the enclosed envelope. All orders are fulfilled at our corporate office at 7718 Northport Drive, Lansing, Michigan. **Please respond today!**

STEP 1. Verify the accuracy of the pre-printed business information. Make any necessary changes and complete any missing information.

Name of Limited Liability Company	Federal Employer ID Number	Fiscal Year Ending
Principal Office Address	State of Organization	Principal Office Telephone Number
Briefly Describe the Nature of the Business		

STEP 2. Registered Agent (the name cannot be changed). If there is a name change, you need to file an amendment on your own.

Registered Agent Name
Registered Agent Office Street Address (must be in NC and cannot be a P.O. box)
Registered Agent Mailing Address (cannot be a P.O. box)

STEP 3. Name, title and mailing address of each Member or Manager.

Name	Is this a commercial entity?
Title	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address	
Name	Is this a commercial entity?
JOHN THOMAS MORGAN	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title	
Mailing Address	
Name	Is this a commercial entity?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title	
Mailing Address	
Name	Is this a commercial entity?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title	
Mailing Address	

STEP 4. PAYMENT INFORMATION Complete payment to file your annual report.