



2019 – ANNUAL REPORT INSTRUCTION FORM

(Connecticut LLCs)

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.			
Customer ID Number [REDACTED]	Notice Date 12/28/18	Business ID Number [REDACTED]	Entity Start Date [REDACTED]
Business Address [REDACTED]			
			Please Respond By: 1/25/19

Connecticut laws require every limited liability company authorized to transact business in the State to timely file an annual report every year. Records indicate LITCHFIELD COUNTY PEDIATRICS, LLC has not filed an annual report in 1 year(s). If the entity does not file an annual report, it may be in default and administratively dissolved.

CONNECTICUT GENERAL STATUTES § 34-247k: “(a) A limited liability company or a registered foreign limited liability company shall deliver to the Secretary of State by electronic transmission an annual report...”

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 law. Mail the completed form with **\$110** 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.	
Business Name [REDACTED]	Business ID [REDACTED]
Mailing Address [REDACTED]	
Principal Address [REDACTED]	

STEP 2. Provide the name, title and addresses of the principal(s) of the business.	
Principal Name [REDACTED]	Title M.D.
Business Address [REDACTED]	
Residence Address [REDACTED]	
Principal Name	Title
Business Address	
Residence Address	
Principal Name	Title
Business Address	
Residence Address	
Principal Name	Title
Business Address	
Residence Address	

STEP 3. PAYMENT INFORMATION Complete payment to file your annual report. All services are fully guaranteed.		
<input type="checkbox"/> CHECK ENCLOSED FOR \$110 <i>Price includes state fee and WCS processing fee.</i>	Please make your check payable to: WORKPLACE COMPLIANCE SERVICES 1022 Boulevard #248 West Hartford, CT 06119	Further assistance: Call (877) 770-3555

STEP 4. 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 (to be signed by an officer or registered agent) **REQUIRED**	Capacity/Title
Print Name Clearly	Date
Email Address	Phone