



2019 – ANNUAL REPORT INSTRUCTION FORM

(Maine LLCs)

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.			
Customer ID Number F32059128	Notice Date 11/30/2018	Charter Number 20040301DC	Entity Start Date 8/6/2003
Business Address <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 14368-78-52*****AUTO**MIXED AADC 320 TAMARACK PROFESSIONAL SERVICES, LLC PO BOX 128 CARATUNK, ME 04925-0128 </div> <div style="width: 30%; text-align: center;">  </div> </div> <div style="margin-top: 20px; text-align: center;">  </div>			
			Please Respond By: 12/28/2018

Maine laws require every limited liability company authorized to transact business in the State to timely file an annual report every year. If TAMARACK PROFESSIONAL SERVICES, LLC does not file an annual report, you may be at risk for penalties and fines.

MAINE REVISED STATUTES ANNOTATED 31 § 1665: “Each year, each limited liability company authorized to conduct business in this State shall deliver to the office of the Secretary of State for filing 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 force of law. Mail the completed form with **\$160** 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.			
Type of Business LLC	DCN Number	Formation Date 8/6/2003	Filing Year 2019
Main Business or Headquarters Address PO BOX 128, CARATUNK, ME 04925-0128			

STEP 2. Provide a brief statement of the character of the business in which the limited liability company is actually engaged in the State of Maine; if none, so indicate:

STEP 3. Provide the name and address of at least one person who is a member, manager or other authorized person of the limited liability company.
Name _____ Title _____
Address (no P.O. Box) _____
Name _____ Title _____
Address (no P.O. Box) _____
Name _____ Title _____
Address (no P.O. Box) _____

STEP 4. Registered Agent (make changes where necessary)
Registered Agent Name CRAIG DICKSTEIN
Registered Agent Address P.O. BOX 128, CARATUNK, ME 04925

STEP 5. PAYMENT INFORMATION Complete payment to file your annual report.												
<table style="width: 100%;"> <tr> <td style="width: 33%;">\$85 – State Fee</td> <td style="width: 33%;">Please make your check payable to:</td> <td style="width: 33%;">Further assistance:</td> </tr> <tr> <td>+ \$75 – Processing Fee</td> <td>WORKPLACE COMPLIANCE SERVICES</td> <td>Call (877) 770-3555</td> </tr> <tr> <td>\$160 – TOTAL</td> <td>126 Western Ave. #331</td> <td></td> </tr> <tr> <td></td> <td>Augusta, ME 04330</td> <td></td> </tr> </table>	\$85 – State Fee	Please make your check payable to:	Further assistance:	+ \$75 – Processing Fee	WORKPLACE COMPLIANCE SERVICES	Call (877) 770-3555	\$160 – TOTAL	126 Western Ave. #331			Augusta, ME 04330	
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STEP 6. I authorize an electronic signature on behalf of the above-mentioned LLC. I understand that Workplace Compliance Services is not a government agency and is not providing legal advice.	
Signature **REQUIRED** _____	Print Name Clearly _____
Email _____	Phone _____ Date _____