2021 - ANNUAL REPORT INSTRUCTION FORM

IMPORTANT! FOLL		ssissippi LLCs) CTLY WHEN COMPLETIN	G THIS FORM. PLEASE PRINT.
Customer ID Number	Notice Date	LLC Business ID	Entity Start Date
F175584758 Business Address	10/29/2020		05/05/2017
PM81102A SCH 5-I 7000009656 00.004			Bloom Boomand Birr
			Please Respond By: 11/27/2020
lississippi laws require every ear. If ssolved.	limited liability company author		ne state to timely file an annual report event, it may be in default and administrative
n such date as may be establish	1-215: "(1) Each domestic limited hed by the Secretary of State, to tase, C.F.S., a private entity, will a	he Secretary of State for filing	
o utilize this service, follow		disclose any information about	MENTAL AGENCY TO PROVIDE THIS SERVICE t your business to any third-party, includi- ope. Please respond today!
STEP 1. Verify the correctne	ess of the pre-printed business info		anges and complete any missing information ederal Tax ID. If NONE, is business run by your S.O.S
rincipal Address			NAICS Code (nature of business)
nail Address		Does the busing an Operating A	
0750.0			le an amendment for an additional \$50.0
egistered Agent Name egistered Agent Address		Registered Agent Em	ail Address
STEP 3. Provide the name	e(s) and address(es) of the Mana	ager(s) and Member(s) of the b	ousiness. (Must include at least one)
anager/Member Name		Title	
		MAN	NAGER, MEMBER
anager/Member Address			
lanager/Member Name		Title	
anager/Member Address			
lanager/Member Name		Title	
lanager/Member Address			
STEP 4. PAYMENT INF	FORMATION Complete paym	nent to file your annual report.	ELECTRONIC AND ARREST SECTION OF THE
Price includes state fee and 0 *If you have changes to the F please add \$50 to your total,	C.F.S. processing fee. Registered Agent, 1220 to file an amendment.	C.F.S. E. Northside Drive, Ste. 170 #29 Jackson, MS 39211	Call (601) 313-9106 All orders will be fulfilled from ou corporate office in Lansing, MI
		NG FEES ARE 100% FULLY GUA above mentioned LLC and under	stand that C.F.S. is not a government
signature (to be signed by an officer or		Print Name Clearly	
itle	Email Address		Phone
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FILING CHECKLIST – KEEP THIS INFORMATION FOR YOUR RECORDS

- Complete all necessary fields.
- Provide name, email & phone of your entity's authorized party. This will be used if we need to contact you.
- Signature is required for processing.
- Submit a valid form of payment. Please confirm that the check or money order is accurately completed, including name, date, total and signature.
- Submit your company's completed form along with payment for your entity's filing in the enclosed envelope.

Should you have any questions or concerns while waiting for your filing to be complete, please call us at:

877-329-4662

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