



LIMITED LIABILITY COMPANY (LLC)

Meeting Date: _____
Signing Date: _____

File No.: _____

BASIC COMPANY INFORMATION

Name of LLC		
Physical Business Address	Street	
	City/State/Zip	
Mailing Address (if different)	Street	
	City/State/Zip	
County of LLC		
Description of Operations		
Telephone		
Fax		
Email		
Professional license No. (if any)		

OWNERS

Name(s)	Social Security Number	% of Ownership

MANAGERS (INCLUDE SUBSEQUENT IF THIS IS A SINGLE MEMBER LLC)

Name(s)	Social Security Number	% of Ownership
Initial		
Subsequent		

BUSINESS PREFERENCES

Company Trade Name (if any)		
A trade name is any name, other than the legal name, under which a company operates		
Registered Agent Name/Address	Name	
	Street	
	City/State/Zip	
If you would like my office to serve as your registered agent, my annual fee is \$250.00		

FINANCIAL INFORMATION

Bank	Name	
	Street	
	City/State/Zip	
Accounting Firm	Name	
	Phone Number	
	Street	
	City/State/Zip	

ADDITIONAL INFORMATION

USE ADDITIONAL PAPER IF NECESSARY

--