Filing	Number:	



John Thurston, Arkansas Secretary of State LIMITED LIABILITY LIMITED PARTNERSHIP ANNUAL REPORT 2024

Report Due August 1 (PLEASE TYPE OR PRINT CLEARLY IN BLACK INK) The undersigned, pursuant to A.C.A. § 4-47-210, sets forth the following:

	□ Domestic	☐ Foreign
1. Name of the Limited Liability Limited Par	rtnership:	
2. Street Address (Designated Office in Ark	kansas):	
City:	State:	Zip:
Email Address:		
Mailing Address (Designated Office in A	rkansas, if different than abov	e):
City:	State:	Zip:
Street Address:		
		Zip:
Mailing Address (if different than above)		
		Zip:
Mailing Address:		
		Zip:
5. If a Foreign Limited Liability Limited Part		
Principal Office Street Address:	*	
•		Zip:
		Zip:
6. List of Partners:		
General Partner/Partner:		
General Partner/Partner:		
General Partner/Partner:		
Tax Preparer:		
Executed this day of		
(Day)	(Month)	(Year)
Authorizing Officer		Signature of Authorizing Officer
(Type or Print in Black Ink)		(Sign in Black Ink)
Rı	usiness and Commercial S	ervices Division ————————————————————————————————————

1401 W. Capitol, Suite 250, Little Rock, Arkansas 72201-1094
Make checks payable to Arkansas Secretary of State

Phone: 501-682-3409 or Toll Free: 888-233-0325