



# Arkansas Secretary of State

## Cole Jester

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201  
501-682-3409 • www.sos.arkansas.gov

### APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

1. The name of the limited liability partnership is: \_\_\_\_\_

2a. The address of the principal office of the limited liability partnership is: \_\_\_\_\_

Address Line 1

Address Line 2

City

State

Zip

2b. The address of an office in Arkansas, if different from the principal office: \_\_\_\_\_

Address Line 1

Address Line 2

City

State

Zip

3. The name and address of the agent for service of process for the limited liability partnership is: \_\_\_\_\_

Name

Arkansas

Physical Address

City

Zip

4. Statement of intent to be a limited liability partnership: \_\_\_\_\_

5. Deferred effective date, if any: \_\_\_\_\_

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Authorizing Officers: \_\_\_\_\_

(Type or Print)

Authorizing Signature: \_\_\_\_\_

(Partner)

(Date)

Authorized Signature: \_\_\_\_\_

(Partner)

(Date)



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### Annual Report – Contact Information

PLEASE TYPE OR PRINT CLEARLY IN INK

JURISDICTION (SELECT ONE)

DOMESTIC      FOREIGN

ENTITY TYPE (SELECT ONE)

LIMITED PARTNERSHIP- Due August 1

LIMITED LIABILITY PARTNERSHIP- Due August 1

LIMITED LIABILITY LIMITED PARTNERSHIP- Due August 1

In order for this entity to receive its annual reporting form, please complete and file with the Office of the Secretary of State at the time of filing.

\_\_\_\_\_  
Entity name as used in Arkansas

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Street Address or Post Office Box Number

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

**NOTE:** Annual Reports will be due the year following filing or qualification in this State.

I affirm that I am the individual authorized to sign on behalf of the aforementioned entity to be formed and that, under penalty of perjury, the information stated in this record is accurate.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Authorized Officer / Partner (Type or Print)