



Arkansas Secretary of State

John Thurston

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501-682-3409 • www.sos.arkansas.gov

Statement of Authority for a Limited Liability Company

Statement of Authority

Statement of Authority - Amendment

Statement of Authority - Cancellation

Statement of Authority - Denial

(check only ONE box above)

The undersigned, pursuant to A.C.A. § 4-38-302 or A.C.A. § 4-38-303, sets forth the following:

1. Name of Limited Liability Company: _____

2. The name and mailing address of registered agent on file: _____

3. Statement of Authority , Amendment, Cancellation, or Denial: _____

(ATTACH ANY ADDITIONAL INFORMATION OR DOCUMENTS, INCLUDING ANY LIMITATIONS OF AUTHORITY, TO THIS FORM)

4. For cancellation or amendment only:

The date the statement being canceled or amended became effective: _____

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

Executed this _____ day of _____, 20 _____

Signature

Printed Name **and** Title

State of Arkansas
County of: _____

Subscribed and sworn before me, a Notary Public, on

{seal}

this _____ day of _____, 20 _____

My commission expires: _____

Notary Public: _____