



# Arkansas Secretary of State

## Cole Jester

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

### STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP (LLP)

(Under Act 1518 of 1999)  
(PLEASE TYPE OR PRINT CLEARLY IN INK)

1. The name of the limited liability partnership is: \_\_\_\_\_
- 2a. The street address of the chief executive office of the limited liability partnership is: \_\_\_\_\_  
\_\_\_\_\_
- 2b. The street address of an office in Arkansas, if different from the chief executive office: \_\_\_\_\_  
\_\_\_\_\_
3. The name and street address of the agent for service of process for the limited liability partnership shall be:  
\_\_\_\_\_  

	Agent Name			
			Arkansas	
Street Address		City		Zip
4. Statement of intent to be a limited liability partnership: \_\_\_\_\_  
\_\_\_\_\_
5. Deferred effective date, if any: \_\_\_\_\_

We affirm that we are 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.

Authorizing Partners \_\_\_\_\_  
(Type or Print)

Authorized Signature \_\_\_\_\_ (Partner) \_\_\_\_\_ (Date)

Authorized Signature \_\_\_\_\_ (Partner) \_\_\_\_\_ (Date)

Two partner signatures required (per A.C.A. § 4-46-105(c))



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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)