



Mark Martin, Arkansas Secretary of State
**LIMITED LIABILITY PARTNERSHIP
 ANNUAL REPORT 2014**

Report Due April 1

(PLEASE TYPE OR PRINT CLEARLY IN BLACK INK)

The undersigned, pursuant to A.C.A. § 4-46-1003, sets forth the following:

Domestic Foreign

1. Name of the Limited Liability Partnership: _____
2. State or jurisdiction under whose laws Limited Liability Partnership is formed: _____
3. Street Address (Chief Executive Office): _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
4. Street Address (Office in Arkansas, if different than above): _____
 City: _____ State: _____ Zip: _____
5. Agent for Service of Process: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address (if different than above): _____
 City: _____ State: _____ Zip: _____
6. Tax Contact Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
7. Statement of Qualification Date: _____

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.

Executed this _____ day of _____, _____
(Day) (Month) (Year)

 Authorizing Officer
 (Type or Print in Black Ink)

 Signature of Authorizing Officer
 (Sign in Black Ink)

Please verify that the address information on the reverse side is correct. If it is not correct, please indicate changes in the space provided below.

Business and Commercial Services Division
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