



John Thurston, Arkansas Secretary of State  
**LIMITED LIABILITY PARTNERSHIP  
 ANNUAL REPORT 2020**

**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: \_\_\_\_\_
8. List of Partners:  
 General Partner/Partner: \_\_\_\_\_  
 General Partner/Partner: \_\_\_\_\_  
 General Partner/Partner: \_\_\_\_\_  
 General Partner/Partner: \_\_\_\_\_  
 Tax Preparer: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Year)

\_\_\_\_\_  
 Authorizing Officer  
 (Type or Print in Black Ink)

\_\_\_\_\_  
 Signature of Authorizing Officer  
 (Sign in Black Ink)

**Business and Commercial Services Division**  
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**Make checks payable to Arkansas Secretary of State**  
**Phone: 501-682-3409 or Toll Free: 888-233-0325**  
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