



# Arkansas Secretary of State

## John Thurston

State Capitol • Little Rock, Arkansas 72201-1094  
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 250 Victory Building, 1401 W. Capitol, Little Rock

### APPLICATION FOR QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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  
\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Arkansas \_\_\_\_\_ 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)

Authorized 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 May 1

LIMITED LIABILITY PARTNERSHIP- Due April 1

LIMITED LIABILITY LIMITED PARTNERSHIP- Due May 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.

The information provided herein is true to the best of my knowledge and is made with the intent to file with the Arkansas Secretary of State. I understand that the statements made herein are under oath, and that knowingly making a false statement herein is a Class C felony (A.C.A § 5-53-102) or a Class A misdemeanor (A.C.A. § 5-53-103), or both.

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

\_\_\_\_\_  
Signature

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