



# Arkansas Secretary of State

## John Thurston

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501-682-3409 • www.sos.arkansas.gov

### ANNUAL REPORT FOR LIMITED LIABILITY LIMITED PARTNERSHIP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Report Due by May 1st

Domestic

Foreign

1. The name of the Limited Liability Limited Partnership is:

\_\_\_\_\_

2. Designated Office Address Information:

a. Street Address: \_\_\_\_\_

b. Mailing Address if different: \_\_\_\_\_

3. a. Agent for service of process: Name: \_\_\_\_\_

b. Street Address: \_\_\_\_\_

c. Mailing Address: \_\_\_\_\_

4. If a Domestic Limited Liability Limited Partnership:

a. Street address of principal office \_\_\_\_\_

b. Mailing address of principal office \_\_\_\_\_

5. If a Foreign Limited Liability Limited Partnership:

a. Jurisdiction under which entity was formed: \_\_\_\_\_

b. Fictitious name or alternate name used in Arkansas: \_\_\_\_\_

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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Printed Name and Title of Authorized Officer

\_\_\_\_\_  
Signature and Title of Authorized Officer