



John Thurston, Arkansas Secretary of State
**LIMITED LIABILITY LIMITED PARTNERSHIP
 ANNUAL REPORT 2016**

Report Due May 2

(PLEASE TYPE OR PRINT CLEARLY IN BLACK INK)

The undersigned, pursuant to A.C.A. § 4-47-210, sets forth the following:

Domestic Foreign

1. Name of the Limited Liability Limited Partnership: _____

2. Street Address (Designated Office in Arkansas): _____

City: _____ State: _____ Zip: _____

Email Address: _____

Mailing Address (Designated Office in Arkansas, if different than above): _____

City: _____ State: _____ Zip: _____

3. Agent for Service of Process: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

4. Tax Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

5. If a Foreign Limited Liability Limited Partnership:

Principal Office Street Address: _____

City: _____ State: _____ Zip: _____

Principal Office Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Jurisdiction under which entity was formed: _____

Fictitious Name or Alternate Name used in Arkansas: _____

6. List of Partners:

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
1401 W. Capitol, Suite 250, Little Rock, Arkansas 72201-1094
Make checks payable to Arkansas Secretary of State
Phone: 501-682-3409 or Toll Free: 888-233-0325
Email: corprequest@sos.arkansas.gov • Website: www.sos.arkansas.gov