



# Arkansas Secretary of State

## John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

### STATEMENT OF QUALIFICATION OF FOREIGN LIMITED LIABILITY PARTNERSHIP

Arkansas Code Annotated § 4-46-1001

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

\_\_\_\_\_

2. State of origination: \_\_\_\_\_

3. Street address of the principal office in the state of organization is: \_\_\_\_\_

|                |      |       |     |
|----------------|------|-------|-----|
| Street Address | City | State | ZIP |
|----------------|------|-------|-----|

4. Street address of an office in Arkansas if different from the principal office: \_\_\_\_\_

|                |      |       |     |
|----------------|------|-------|-----|
| Street Address | City | State | ZIP |
|----------------|------|-------|-----|

5. The name and address of the agent for service of process in the State of Arkansas is: \_\_\_\_\_

Name of Agent

Arkansas

|                |      |     |
|----------------|------|-----|
| Street Address | City | ZIP |
|----------------|------|-----|

6. Deferred effective date, if any: \_\_\_\_\_

I, hereby, state that the above-listed limited liability partnership is a registered limited liability partnership.

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

\_\_\_\_\_  
Partner (Typed or Printed)

\_\_\_\_\_  
Partner (Signature)



# Arkansas Secretary of State

## John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201

501-682-3409 • [www.sos.arkansas.gov](http://www.sos.arkansas.gov)

### 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)