



Arkansas Secretary of State

Filing Number: \_\_\_\_\_

# AMENDED LLC FRANCHISE TAX REPORT 2024

For the year ending 12/31/2023

Sign in **black ink** and mail to the address listed below.

### 1. Business Name and Address:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### 2. Correct any of the below information, if needed:

Tax Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone # of Tax Contact: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**ALL INFORMATION IN SECTIONS 3-5  
BELOW ARE REQUIRED**

### 3. Registered Agent Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### 4. Principal Office Information (in Arkansas):

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### 5. Limited Liability Company Management is (Select One):

MEMBER(S)       MANAGER(S)

Please provide current names:

Member/Manager: \_\_\_\_\_  
Member/Manager: \_\_\_\_\_  
Member/Manager: \_\_\_\_\_  
Member/Manager: \_\_\_\_\_  
Member/Manager: \_\_\_\_\_  
Tax Preparer: \_\_\_\_\_  
Federal Tax ID#: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

**ALL LIMITED LIABILITY COMPANIES PAY \$150.00.**

I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief.

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

Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Must be printed in black ink by: Member/Manager or Tax Preparer (Listed In 5)      Must be signed in black ink by: Member/Manager or Tax Preparer (Listed In 5)

Phone: 501-682-3409 or Toll Free: 888-233-0325  
Mail to: Business and Commercial Services Division • P.O. Box 8014 • Little Rock, Arkansas 72203-8014