



Arkansas Secretary of State

Filing Number: _____

AMENDED LLC FRANCHISE TAX REPORT 2025

For the year ending 12/31/2024

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