SECRE LOTELS	OFSTATE
ARKAN	ISAS

Arkansas Secretary of State

Cole Jester

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

Statement of Authority for a Limited Liability Company

Statement of Authority

Statement of Authority - Amendment Statement of Authority - Denial

(check only ONE box above)

The undersigned, pursuant to A.C.A. § 4-38-302 or A.C.A. § 4-38-303, sets forth the following:

1. Name of Limited Liability Company: _____

2. The name and mailing address of registered agent on file:

3. Statement of Authority , Amendment, Cancellation, or Denial:_____

(ATTACH ANY ADDITIONAL INFORMATION OR DOCUMENTS, INCLUDING ANY LIMITATIONS OF AUTHORITY, TO THIS FORM)

4. For cancellation or amendment only:

The date the statement being canceled or amended became effective:

I affirm that I am the individual authorized to sign on behalf of the aforementioned entity and that, under penalty of perjury, the information stated in this record is accurate.

Executed this _____day of _____, 20 _____

Signature

Printed Name and Title

State of Arkans County of:	as	_		
Subscribed and sworn before me, a Notary Public, on		{seal}		
this	_day of	,20		
My commissior	n expires:		Notary Public:	