



Arkansas Secretary of State  
**LIMITED LIABILITY LIMITED PARTNERSHIP  
 ANNUAL REPORT 2016**

**Report Due May 1**

(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**  
**500 Woodlane Avenue, Suite 256, Little Rock, AR 72201**  
**Make checks payable to Arkansas Secretary of State**  
**Phone: 501-682-3409 or Toll Free: 888-233-0325**

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