



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

Report Due April 1

(PLEASE TYPE OR PRINT CLEARLY IN BLACK INK)

The undersigned, pursuant to A.C.A. § 4-46-1003, sets forth the following:

Domestic Foreign

1. Name of the Limited Liability Partnership: _____

2. State or jurisdiction under whose laws Limited Liability Partnership is formed: _____

3. Street Address (Chief Executive Office): _____

City: _____ State: _____ Zip: _____

Email Address: _____

4. Street Address (Office in Arkansas, if different than above): _____

City: _____ State: _____ Zip: _____

5. Agent for Service of Process: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

6. Tax Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

7. Statement of Qualification Date: _____

8. List of Partners:

General Partner/Partner: _____

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
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