



Arkansas Secretary of State  
**LIMITED LIABILITY PARTNERSHIP  
 ANNUAL REPORT 2017**

**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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