



Arkansas Secretary of State
**LIMITED LIABILITY PARTNERSHIP
 ANNUAL REPORT 2019**

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
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
Email: corprequest@sos.arkansas.gov • Website: www.sos.arkansas.gov