



Arkansas Secretary of State
**LIMITED LIABILITY PARTNERSHIP
 ANNUAL REPORT 2024**

Report Due August 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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Make checks payable to Arkansas Secretary of State
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