



Cole Jester, 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
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