



# Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201  
501-682-3409 • www.sos.arkansas.gov

## STATEMENT OF QUALIFICATION OF FOREIGN LIMITED LIABILITY PARTNERSHIP

Arkansas Code Annotated § 4-46-1001

1. The name of the Limited Liability Partnership is: \_\_\_\_\_  
\_\_\_\_\_

2. State of origination: \_\_\_\_\_

3. Street address of the principal office in the state of organization is: \_\_\_\_\_

Street Address City State ZIP

4. Street address of an office in Arkansas if different from the principal office: \_\_\_\_\_

Street Address City State ZIP

5. The name and address of the agent for service of process in the State of Arkansas is: \_\_\_\_\_  
Name of Agent

Arkansas

Street Address City ZIP

6. Deferred effective date, if any: \_\_\_\_\_

I, hereby, state that the above-listed limited liability partnership is a registered limited liability partnership.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Partner (Typed or Printed)

\_\_\_\_\_  
Partner (Signature)



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## Annual Report – Contact Information

PLEASE TYPE OR PRINT CLEARLY IN INK

JURISDICTION (SELECT ONE)

DOMESTIC      FOREIGN

ENTITY TYPE (SELECT ONE)

LIMITED PARTNERSHIP- Due May 1

LIMITED LIABILITY PARTNERSHIP- Due April 1

LIMITED LIABILITY LIMITED PARTNERSHIP- Due May 1

In order for this entity to receive its annual reporting form, please complete and file with the Office of the Secretary of State at the time of filing.

\_\_\_\_\_  
Entity name as used in Arkansas

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Street Address or Post Office Box Number

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

**NOTE:** Annual Reports will be due the year following filing or qualification in this State.

I affirm that I am the individual authorized to sign on behalf of the aforementioned entity to be formed and that, under penalty of perjury, the information stated in this record is accurate.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Authorized Officer / Partner (Type or Print)