



NEW LIMITED LIABILITY COMPANY

COMPANY INFORMATION

Company Name: _____

Business Phone: _____

Business Fax: _____

Business Website: _____

Business Address: _____

Email Address: _____

State of Organization: _____

Net Invested Capital: _____

Doing Business As: _____

Principal Activity: _____

MAIN CONTACT/AUTHORIZED INDIVIDUAL

Name: _____

Date of Birth: _____

Address: _____

SSN/CPF/NIT/passport: _____

Email Address: _____

Phone: _____

Signature: _____

LIST OF MEMBERS

Name: _____

Membership Share %: _____

Address: _____

SSN/CPF/NIT/passport: _____

#1

Email Address: _____

Phone: _____

Type: AMBR MBR MGR AP

Signature: _____

Name: _____

Membership Share %: _____

Address: _____

SSN/CPF/NIT/passport: _____

#2

Email Address: _____

Phone: _____

Type: AMBR MBR MGR AP

Signature: _____

Name: _____

Membership Share %: _____

Address: _____

SSN/CPF/NIT/passport: _____

#3

Email Address: _____

Phone: _____

Type: AMBR MBR MGR AP

Signature: _____



NEW LIMITED LIABILITY COMPANY

LIST OF MEMBERS (CONTINUED)

#4

Name: _____

Membership Share %: _____

Address: _____

SSN/CPF/NIT/passport: _____

Email Address: _____

Phone: _____

Type: AMBR MBR MGR AP

Signature: _____

#5

Name: _____

Membership Share %: _____

Address: _____

SSN/CPF/NIT/passport: _____

Email Address: _____

Phone: _____

Type: AMBR MBR MGR AP

Signature: _____

#6

Name: _____

Membership Share %: _____

Address: _____

SSN/CPF/NIT/passport: _____

Email Address: _____

Phone: _____

Type: AMBR MBR MGR AP

Signature: _____

REGISTERED AGENT

Name: _____

SSN/EIN: _____

Address: _____

Email Address: _____

Phone: _____

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this document, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: _____