

NEW FORMATION REQUEST FORM LLC

1. STATE OF ORGANIZATION:

TODAY'S DATE:

2. Name Choice:

1.
Alternate 1.
Alternate 2.

3. Client Name and Address

Name:		
Street:		
City:	State:	Zip:
Phone Number:	Email:	

4. Structure:

MEMBERS:	
Interest:	Issued for:
Member Managed:	Manager Managed:
Manager:	
Manager:	
Secretary:	
Treasurer:	
Fiscal Year:	

5. Resident Agent if not Burnett & Associates

Name:		
Street:		
City:	State:	Zip:

6. Responsible Party for EIN

Name:
Title:
Address:
Phone:
Trade Name:
Primary Business Activity?
Principal line of merchandise sold, specific const, products produced or services provided?