

# New LLC Entity Information

NAME OF ENTITY \_\_\_\_\_ TRADE NAME (DOING BUSINESS AS), IF ANY \_\_\_\_\_

## PRIMARY CONTACT INFORMATION

PRIMARY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## BUSINESS INFORMATION

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL (if different from above) \_\_\_\_\_

BUSINESS MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS WORKSITE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IN CITY LIMITS?  YES  NO

COUNTY \_\_\_\_\_

PRIMARY ACTIVITY \_\_\_\_\_ PRIMARY SERVICE OR PRODUCT SOLD \_\_\_\_\_

## MANAGERS AND MEMBERS

### MANAGER

TITLE \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_  REGISTERED AGENT

NAME \_\_\_\_\_ SSN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### MANAGER

TITLE \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_  REGISTERED AGENT

NAME \_\_\_\_\_ SSN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_  REGISTERED

NAME \_\_\_\_\_ SSN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Credit Card information for paying state filing fee** (if online filing is available):

Type of Card: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Account No: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

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BILLING DDRESS CITY STATE ZIP