



LIMITED LIABILITY COMPANY (LLC)

Meeting Date: _____
Signing Date: _____

File No.: _____

BASIC COMPANY INFORMATION

Name of LLC		
Physical Business Address	Street	
	City/State/Zip	
Mailing Address (if different)	Street	
	City/State/Zip	
County of LLC		
Description of Operations		
Telephone		
Fax		
Email		
Professional license No. (if any)		

OWNERS

Name(s)	Social Security Number (need at least one for the Tax ID Number)	% of Ownership

MANAGERS (INCLUDE SUBSEQUENT IF THIS IS A SINGLE MEMBER LLC)

Name(s)	Social Security Number	% of Ownership
Initial		
Subsequent		

BUSINESS PREFERENCES

Company Trade Name (if any)		
A trade name is any name, other than the legal name, under which a company operates		
Registered Agent Name/Address	Name	
	Street	
	City/State/Zip	
The Registered Agent must have a physical address located in Georgia and is listed with the Secretary of State to receive service of process notices. If you would like my office to serve as your registered agent, my annual fee is \$300.00		

ADDITIONAL INFORMATION

USE ADDITIONAL PAPER IF NECESSARY

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