

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to **SECRETARY OF STATE**

FILE DATE _____

RECEIPT NO _____

1. L.L.C. ID and Name:

Telephone # _____

FAX # _____

FILING DATE: Due during the month
the Certificate of Organization was
issued, and delinquent after the last
day of the following month.

2. The jurisdiction under whose law it is formed South Dakota

3. The address of the principal executive office in or out of the State of South Dakota.

Street Address _____ City _____ State _____ ZIP+4 _____

Mailing Address (Optional) _____ City _____ State _____ ZIP+4 _____

4. The name of the South Dakota Registered Agent _____

Street Address (Required to be a South Dakota Address) _____ City _____ State _____ ZIP+4 _____

Mailing Address (Optional – Required to be a South Dakota Address) _____ City _____ State _____ ZIP+4 _____

5. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager _____ Street Address _____ City _____ State _____ ZIP+4 _____

Manager _____ Street Address _____ City _____ State _____ ZIP+4 _____

Manager _____ Street Address _____ City _____ State _____ ZIP+4 _____

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated _____

(Signature of an Authorized Person)

(Printed Name)