

Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605) 773-4845
corpinfo@state.sd.us

AMENDED ANNUAL REPORT

DOMESTIC LIMITED LIABILITY PARTNERSHIP

SDCL 48-7A-1003

FILING FEE: \$30

Make check payable to SECRETARY OF STATE

1. Business ID and Name:

Business ID

Business Name

You may amend any of the information below. If you are not amending a section, please leave that section blank.

2. The address of the principal executive office (business address).

Actual Street Address	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4
Email Address (Optional)			

3. The names and business addresses of its partners.

Partner	Actual Street Address	City	State	ZIP+4
Partner	Actual Street Address	City	State	ZIP+4
Partner	Actual Street Address	City	State	ZIP+4

4. Beneficial Interest (optional)

Owner	Description of Ownership	Percentage/Value
Owner	Description of Ownership	Percentage/Value

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Title