

Gary Cunha, P.C.
Attorney and Counselor at Law

LLC Information Sheet

Your Name: _____

Will the LLC have separate managers or will management be reserved to the members?

Date you wish formation to occur on now or _____ (date)

Do you wish to allow action to be taken without a formal meeting? Yes or No

Name of LLC & address (*pick up to 5, we will try to get your first choice if available*)

1. _____

2. _____

3. _____

4. _____

5. _____

Address: _____

City, ST, Zip: _____

Phone(s) & Fax: _____

Registered Agent for Service of Process (*the person who will accept service of lawsuits, notices, etc. You may choose yourself, an attorney, an agent, etc.*)

Name: _____

Address: _____

City, ST, Zip: _____

Phone(s) & Fax: _____

Members (*you may choose as few as one or as many as you wish - attach additional pages if needed*)

Name 1: _____

Address: _____

City, ST, Zip: _____

Name 2: _____

Address: _____

City, ST, Zip: _____

Name of Organizer (*this is most likely you, unless you are doing this for someone else.*)

Name: _____

Address: _____

City, ST, Zip: _____

Phone(s) & Fax: _____

LLC Duration (*check perpetual unless you want it to end on a certain date*):

Perpetual or _____ (date)

Purpose of LLC (*you should check all lawful business if you are unsure*):

Transaction of all lawful business or other: _____

Any additional info you think I need to know about:
