

## WHITMORE LAW OFFICES

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## **Limited Liability Partnership Worksheet**

Please complete all of the following information, which we will use in forming your new Limited Liability Partnership. Please type or print clearly:

Second Choice: [Must include the words "F	Registered Limited	Liability Partn	ership" or the abbreviat	 ion "L.L.P. or LLP"]	
What business will the	e partnership b	e engaged	in?		
What is the street add	dress and coun	ty of the pa	rtnership's place of	f business?	
[street]	[	[town]	[county]	[state]	[zip]
persons, corporations will be the partners for percentage]:					
(Name)		%	Name)		
(Address)		_	(Address)		
,		%	(Address)		
(Address)		%	(Address)  Name)		
,		% %			
(Name)		% %	Name)		
(Name) (Address)			Name) (Address)		
(Name) (Address) (Name) (Address)	lease list additi	_ %	Name)  (Address)  Name)	nge]	 

the property and its agreed value below:

	treet address of the person who w	ill be the part	nership's registere
agent? (no post office b	oxes)		
(Name)			
(Address)	(Town)	(State)	(zip)
may be served with a sum responsible person with a	will receive official mail and, if the pa mons or other legal process. It is the permanent address. We can act as yo If you want us to act as your register b. 8 above.]	refore importan our registered a	it that you name a gent, for an annual i
	elephone number of the person we n concerning the information on th		ng business hours
(Name)	(phone)		
	steps in organizing the LLP have b	(email address)	
(Name)	(Town)		(zip)
(Name) (Address)  Who referred you to CO	(Town)	(email address)	· · · · · · · · · · · · · · · · · · ·
(Name)  (Address)  Who referred you to Co	(Town)  RPORATION CONSULTANTS?  ———————————————————————————————————	(email address) (State)	· · · · · · · · · · · · · · · · · · ·
(Name)  (Address)  Who referred you to Co  Accountant ——  Newspaper ——	(Town)  RPORATION CONSULTANTS?  ———————————————————————————————————	(email address)  (State)  of mouth	· · · · · · · · · · · · · · · · · · ·
(Name)  (Address)  Who referred you to Col  Accountant ——  Newspaper ——  Payment method: Ch	(Town)  RPORATION CONSULTANTS?	(email address)  (State)  of mouth	(zip)
(Name)  (Address)  Who referred you to Co.  Accountant ——— Newspaper ———  Payment method: Ch.	(Town)  RPORATION CONSULTANTS?  Friend/word Phone book  neck Visa M/C Discover	(State)  of mouth	(zip)
(Name)  (Address)  Who referred you to Col  Accountant  Newspaper  Payment method: Ch  Card #  Name on Card	(Town)  RPORATION CONSULTANTS?  Friend/word Phone book  neck Visa M/C Discover  Exp. Date	(email address)  (State)  of mouth	(zip)

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