

**CHECKLIST FOR
LIMITED LIABILITY COMPANY**

Name: _____, L.L.C.

Second choice if name not available: _____

Purpose: _____

Duration: (30 yrs from date of formation if not stated) _____

Principal place of business: _____

_____ **County:** _____

Phone: (____) _____ **Fax:** (____) _____ **E-mail:** _____

Registered Agent and Office: _____

Members' names, addresses, social security number, contributions and percentage of ownership: Please attach separate sheet indicating (1) name, (2) address, (3) social security number, (4) contributions made, (5) percentage of ownership, (6) name of spouse and (7) spouse's social security number for each member.

Closing month of accounting year: _____

To whom are most products or services sold? **Business** (wholesale) _____ **Public** (retail) _____ **Other** _____

Control vested in **Members of** **Managers.** State number of managers, if appropriate: _____

If more than one Manager - who is day-to-day Manager? _____ Dollar Authority: \$ _____

Name, Address and Social Security Number of Manager(s): _____

Special terms re transfer of membership or withdrawal: _____

Other terms: _____

Will the LLC have employees? Yes No If yes, how many? _____ agricultural _____ non-agricultural _____ household

Any minors? Yes No If yes, how many under 18? _____ Under 16? _____

First date wages were or will be paid? _____

Bank accounts will be established at: _____ Bank _____ Branch _____

Accountant's Name & Address: _____

Attorney's Name & Address: _____

If business will be conducted at more than one place, list other addresses here: _____

Miscellaneous Comments: _____
