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

ANNUAL REPORT

FOREIGN LIMITED LIABILITY COMPANY

SDCL 47-34A-211; 59-11-24, 24.1

Receipt No _____

Telephone # _____

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

Effective July 1st, 2016: Late Fee: \$50 / Paper Filing Fee: \$15

1. Business ID and Name:

Business ID

Business Name

2. The jurisdiction under whose law it is formed _____

3. 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) _____

4. The South Dakota Registered Agent's name:

South Dakota law permits the registered agent **to be either** a noncommercial registered agent (this may be an individual) ((a) below), a commercial registered agent ((b) below), or an office holder ((c) below). **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name _____

Actual Street Address in this State _____ City _____ State _____ ZIP+4 _____

Mailing Address in this State, if Different from Street Address _____ City _____ State _____ ZIP+4 _____

Email Address (Optional) _____

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Name: _____

CRA#: _____

(c) Title of the office or other position with the company _____

Business Office's Actual Street Address in this State _____ City _____ State _____ ZIP+4 _____

Email Address (Optional) _____

5. If the LLC is manager managed, list the names and addresses of its principal officers and directors (governors). SDCL 59-11-24. If the LLC is manager-managed, this section may be left blank.

Manager/Governor	Actual Street Address	City	State	ZIP+4
Manager/Governor	Actual Street Address	City	State	ZIP+4
Manager/Governor	Actual Street Address	City	State	ZIP+4

6. 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