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ANNUAL REPORT FOREIGN LLP

SDCL 48-7A-1003

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FILE DATE _____
RECEIPT NO _____

1. LLP ID and Name:

Enter LLP ID

Enter LLP Name

Telephone # _____

2. The jurisdiction under whose law it is formed _____

3. The address of the principal or chief executive office.

Actual Street Address or Rural Route Box Number City State ZIP+4

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

Email Address (Optional)

IF ADDRESS IN #3 IS NOT A SOUTH DAKOTA ADDRESS QUESTION #4 IS REQUIRED.

4. The name of the South Dakota Registered Agent _____

Actual Street Address or Rural Route Box Number in this State City State ZIP+4

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

Email Address (Optional)

5. 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 is subject to a civil penalty (SDCL 47-1A-129).

Dated _____

(Signature of an Authorized Person)

Email _____

(Optional)

(Printed Name)