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Secretary of State Office
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ANNUAL REPORT

DOMESTIC LIMITED LIABILITY COMPANY

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

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 South Dakota

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)** a noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **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

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

Email Address (Optional)

5. If the LLC is manager managed, list the names and addresses of its manager(s). SDCL 59-11-24. If the LLC is member-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