

Enter Filing Year

Secretary of State Office  
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# ANNUAL REPORT FOREIGN 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:**

1. Business ID and Name:

Late Fee: \$50 / Paper Filing Fee: \$15

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)** 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.

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