

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: \$65
Additional Fee for Delinquent Reports: \$50

Enter Filing Year

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) or **B)** a commercial registered agent. **Complete only one below, either (a) or (b).**

(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#

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