

Enter Filing Year

Secretary of State Office  
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# ANNUAL REPORT

## DOMESTIC LIMITED LIABILITY PARTNERSHIP

SDCL 48-7A-1003; 59-11-6; 59-11-24.1

**FILING FEE: \$65**  
**Additional Fee for Delinquent Reports: \$50**

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 or chief executive office, wherever located.

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 business: \_\_\_\_\_

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. The names and business addresses of the partners.

Partner	Address	City	State	ZIP+4
Partner	Address	City	State	ZIP+4
Partner	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