LLC WORKSHEET

Name of Client:_____
(First, Middle, Maiden, Last)

Address _____

_____

Phone: _____ Date of Birth:_____

State of Driver's License_____ Driver's License Number:_____

Name of LLC _____

Principal Place of Business for LLC:_____

_____

(The principal place of business refers to the main location in which the LLC will conduct the bulk of its business)

Will LLC be Manager Managed or Member Managed?_____

(Most LLCs we create are Manager-Managed. This means one or more managers have the management responsibilities and make important decisions. In a member-managed LLC, the owners (members) make all decisions about the LLC, including day-to-day operations)

MANAGERS:

If Manager-Managed:

If one Manager - only fill out Manager 1. If Multiple Managers - fill out additional Manager information.

Manager Name:_____
(First, Middle, Maiden, Last)

Address:_____

_____

Phone Number:_____ Date of Birth_____

State of Driver's License_____ Driver's License Number:_____

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3324 Line Avenue
Shreveport, Louisiana 71104
(318) 517-1983

Alternate Manager Name:_____
(First, Middle, Maiden, Last)

Address:_____

Phone Number:_____ Date of Birth_____

State of Driver's License_____ Driver's License Number:_____

Second Alternate Manager Name:_____

(First, Middle, Maiden, Last)

Address:_____

_____

Phone Number:_____ Date of Birth_____

State of Driver's License_____ Driver's License Number:_____

If more than one Manager, must they act jointly or can they act independently:

_____

REGISTERED AGENT (must have Louisiana physical address) (cannot have a PO Box)

(A registered agent is a person or entity that is officially designated to receive official paperwork and legal notices on behalf of the LLC. The role of a registered agent is required by law when you form an LLC in Louisiana)

Name of Registered Agent:_____

Address:_____

_____

Phone Number: _____Date of Birth: _____

State of Driver's License_____ Driver's License Number:_____

MEMBERS:

The owners of an LLC are called members. For each person, please list their name, address, percentage of ownership in LLC, date of birth, state of driver's license, driver's license number, and phone number.

Name of Member (1):_____
(First, Middle, Maiden, and Last Name

Street Address: _____

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City: _____ State:_____ ZIP Code_____

Parish/County:_____ SSN_____ Birthdate_____

Telephone Number(s):_____

Email Address:_____

State of Driver's License_____ Driver's License Number:_____

Percentage of Ownership of LLC:_____

If married, name of Spouse of Member 1:_____

Name of Member (2):_____
(First, Middle, Maiden, and Last Name

Street Address: _____

City: _____ State:_____ ZIP Code_____

Parish/County:_____ SSN_____ Birthdate_____

Telephone Number(s):_____

Email Address:_____

State of Driver's License_____ Driver's License Number:_____

Percentage of Ownership of LLC:_____

If married, name of Spouse of Member 2:_____

Name of Member (3):_____
(First, Middle, Maiden, and Last Name

Street Address: _____

City: _____ State:_____ ZIP Code_____

Parish/County:_____ SSN_____ Birthdate_____

Telephone Number(s):_____

Email Address:_____

State of Driver's License_____ Driver's License Number:_____

Percentage of Ownership of LLC:_____

If married, name of Spouse of Member 3:_____

Name of Member (4):_____
(First, Middle, Maiden, and Last Name

Street Address: _____

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City: _____ State:_____ ZIP Code_____

Parish/County:_____ SSN_____ Birthdate_____

Telephone Number(s):_____

Email Address:_____

State of Driver's License_____ Driver's License Number:_____

Percentage of Ownership of LLC:_____

If married, name of Spouse of Member 4:_____

Name of Member (5):_____
(First, Middle, Maiden, and Last Name

Street Address: _____

City: _____ State:_____ ZIP Code_____

Parish/County:_____ SSN_____ Birthdate_____

Telephone Number(s):_____

Email Address:_____

State of Driver's License_____ Driver's License Number:_____

Percentage of Ownership of LLC:_____

If married, name of Spouse of Member 5:_____

Name of Member (6):_____
(First, Middle, Maiden, and Last Name

Street Address: _____

City: _____ State:_____ ZIP Code_____

Parish/County:_____ SSN_____ Birthdate_____

Telephone Number(s):_____

Email Address:_____

State of Driver's License_____ Driver's License Number:_____

Percentage of Ownership of LLC:_____

If married, name of Spouse of Member 6:_____

What is the purpose of the LLC:_____

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If land will be transferred to LLC, please provide the following information:

Real Estate (Home or other land) I will need a full property description of the property including the book and page number. I will also need to know what percentage each LLC member currently owns. The information for the tax assessor's office is not a full property description. A full property description can be found on a mortgage or a deed.

_____

_____

_____

_____

_____

Oil/ Gas Wells: (Please list the location, parish/county, name of company and owner number)

_____

_____

_____

_____

_____

_____

_____

Do you want drafts mailed or emailed: _____

Additionally, we will need a copy of every Member, Registered Agent, and Manager's Driver's License so that we can comply with federal law reporting requirements.

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