



**COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE**

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

**Statement of Registration or Renewal of
Limited Liability Partnership**
(Domestic Partnership)

KLL

Please note: This filing is applicable to filings wishing to be governed under KRS 362.555.

Pursuant to the provisions of KRS 14A and KRS 362, the undersigned applies for registration or renewal and, for that purpose, submits the following statement:

1. The activity request is:

- Registration
- Renewal

2. The name of the registered limited liability partnership is _____.

3. The principal office address is:

Street Address or Post Office Box Numbers	City	State	Zip
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4. The number of partner(s) is _____.

5. The names of the partner(s) are:

6. The nature of the business of the partnership is:

7. This application will be effective upon filing.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Partner	Printed Name	Title	Date
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FILING INSTRUCTIONS
REGISTRATION OR RENEWAL OF A LIMITED LIABILITY PARTNERSHIP

NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by a majority in interest of the partners or by one or more partners authorized to execute the document.

NATURE OF BUSINESS

The limited liability company must give a brief description of the nature of the business in which it is engaged.

NUMBER OF COPIES

If filing via mail or in person, all business entities, with exception to nonprofit, are only required to submit one exact or conformed copy. Nonprofit corporations are required to submit the original signed certificate of authority and two exact or conformed copies. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

FILING FEE

The filing fee for this document is \$200.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Secretary of State
P.A.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call our office at 502-564-3490.