



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

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

Statement of Renewal of Registered Limited Liability Partnership  
(Domestic Registered Limited Liability Partnership) KLL

**Please note: This form is used by registered limited liability partnerships formed prior to July 12, 2006 to continue to be governed by KRS 362.555.**

Pursuant to the provisions of KRS 14A and KRS 362.555, the undersigned applies for renewal and, for that purpose, submits the following statement:

1. The name of the registered limited liability partnership is \_\_\_\_\_.

2. The principal office address is:

\_\_\_\_\_

Street Address or Post Office Box Numbers	City	State	Zip
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3. The number of partner(s) is \_\_\_\_\_.

4. The names of the partner(s) are:  
\_\_\_\_\_  
\_\_\_\_\_

5. The nature of the business of the partnership is:  
\_\_\_\_\_  
\_\_\_\_\_

6. The partnership hereby renews its status as a registered limited liability partnership.

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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Signature of Partner	Printed Name	Title	Date
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**FILING INSTRUCTIONS  
RENEWAL OF A REGISTERED LIMITED LIABILITY PARTNERSHIP**

**NAME**

Use the exact name of the registered limited liability partnership 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 at least two partners.

**NATURE OF BUSINESS**

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

**FILING FEE**

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

**MAILING ADDRESS**

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

**OFFICE LOCATION**

700 Capital Avenue  
Room 154, Capitol Building  
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](http://www.sos.ky.gov) or call our office at 502-564-3490.