

**CONFIDENTIAL INFORMATION SHEET FOR
LIMITED LIABILITY COMPANIES**

1. Company Name: _____
 Alternative Name: _____
 Reserve: Yes _____ No _____ Telephone Confirmation _____

2. State of Organization: _____

3. Type of Company:
 Limited Liability Company (LLC) _____
 Limited Liability Partnership (LLP) _____
 Restricted Professional Company (RPC) _____

4. Registered Office/Mailing Address: _____

5. Business Office/Mailing Address: _____

6. Term of Existence (deemed perpetual unless otherwise stated): _____

7. Effective date of organization (effective upon filing unless otherwise stated): _____

8. Members (if professional – give Board License No. of Registered Professionals):

<u>Name</u>	<u>SSN</u>	<u>Address</u>	<u>Membership Interest</u>

9. Managers, if applicable:

<u>Name</u>	<u>SSN</u>	<u>Address</u>

10. Officers (if applicable):

	<u>Name</u>	<u>SSN</u>	<u>Address</u>
President:			
Vice-President:			
Secretary:			
Treasurer:			

11. Board of Directors (if applicable):

<u>Name</u>	<u>SSN</u>	<u>Address</u>

12. Kind/Nature of Business - Brief description of business to be conducted:

13. Operating Agreement Terms:

- a. Authorization to Issue Certificates of Membership:

Yes _____ No _____

- b. Contributions: _____

- c. Distributions of Profits/Losses: Pro rata based upon owner membership interest:

Yes _____ No _____

- d. Voting Restriction/Alterations: _____

- e. Transfers of Interests (any limitations): _____

- f. Annual Meeting Dates: _____

- g. Days Notice Required for Regulation Meeting: _____

- h. Days Notice Required for Special Meeting: _____

- i. Quorum Requirements ("2/3"/"a majority"): _____

- j. Approval Requirements for Authorization of Actions ("2/3"/"a majority"): _____

14. Accounting:

- a. Fiscal Year End: _____

- b. Accounting Method: _____

15. Accountant: _____

Address: _____

Telephone No.: _____

16. SS-4, Application for Employer Identification Number, to be filed: Yes _____ No _____

- a. Business Start Date: _____

- b. Number of Employees within first 12 months: _____

- c. First date to pay wages: _____

17. Fictitious Name to be Registered: Yes _____ No _____

If so, name: _____

18. Qualification in other states: Yes _____ No _____

If so, what states: _____

19. Other matters to be completed:

a. Employment Contracts: Yes _____ No _____

Specifications: _____

b. Medical/Pension Plans: Yes _____ No _____

Specification: _____

c. Leases: Yes _____ No _____

Specifications: _____

d. Other Special Contracts: Yes _____ No _____

Specifications: _____

e. Registrations/Applications with Revenue, Sales Tax, etc. Yes _____ No _____

Specifications: _____

Notations/Comments:

Signature

Title

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