



Wyoming Secretary of State
State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: business@state.wy.us

For Office Use Only

Registered Limited Liability Partnership Statement of Registration

1. Name of the registered limited liability partnership:

(The name must end with "registered limited liability partnership", "limited liability partnership", "R.L.L.P.", "L.L.P.", "RLLP" or "LLP".)

2. Principal office address and name of the registered agent for service of process in this state:

*(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. **The registered agent must have a physical address in Wyoming.** A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)*

3. If the principal office is not located in this state, the physical address of the registered office and the name of the registered agent for service of process in this state:

4. Mailing address of the registered limited liability partnership:

5. Principal office address:

6. The partnership engages in the business specified below:

7. The partnership hereby registers as a registered limited liability partnership.

8. This statement of registration has been executed by one (1) or more partners authorized to execute a statement of registration.

9. Execution:

Signature: _____

Date:
(mm/dd/yyyy)

Print Name:

Title:

Signature: _____

Date:
(mm/dd/yyyy)

Print Name:

Title:

Signature: _____

Date:
(mm/dd/yyyy)

Print Name:

Title:

Contact Person:

Daytime Phone Number:

Email:

Checklist

Filing Fee: \$100.00 Make check or money order payable to Wyoming Secretary of State.
The Registration must be accompanied by a written consent to appointment executed by the registered agent.
For consistency the Secretary of State's Office will only keep one version of the agent's name on file.
Please submit one **originally signed** document and one exact photocopy of the filing.
Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.

Other Requirements:

An annual report will be due annually on the first day of the anniversary month of formation. If not paid within sixty (60) days from the due date, the entity will be subject to dissolution/revocation.



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Consent to Appointment by Registered Agent

I, _____, registered office located at _____
(name of registered agent)

voluntarily consent to serve

* *(registered office physical address, city, state & zip)*

as the registered agent for _____
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Print Name: _____ Daytime Phone: _____

Title: _____ Email: _____

Registered Agent Mailing Address
 (if different than above):

***If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Checklist

Submit one **originally signed** consent to appointment and one exact photocopy.