

# LIMITED LIABILITY COMPANY PLANNING FORM



Limited Liability Company

Available Through

## CITADEL LAW CORPORATION

# ORGANIZATION DATA SHEET

FOR LIMITED LIABILITY COMPANIES ONLY

Associate: All sections must be completed accurately for proper processing

**Citadel Associate:**

**Signing Date:**

**Signing City:**

A. Client's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

B. Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

C. Address \_\_\_\_\_  
STREET CITY COUNTY STATE ZIP

D. Home Phone(\_\_\_\_) - \_\_\_\_\_ Work Phone(\_\_\_\_) - \_\_\_\_\_ Cell Phone(\_\_\_\_) - \_\_\_\_\_

Email \_\_\_\_\_

E. Date of Marriage \_\_\_\_\_ Prior Marriage?(Yes/No) Husband \_\_\_\_\_ Wife \_\_\_\_\_ (If Yes, give details:)

F. Are you a United State citizen? (Yes/No) Client \_\_\_\_\_ Spouse \_\_\_\_\_

1. Name of LLC (Select 3 Names In Order of Preference - the name must end with the word "Limited Liability Company" or "LTD. Liability Co." or the abbreviations "LLC" or "L.L.C."): \_\_\_\_\_

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

2. Describe Business Activity: \_\_\_\_\_

3. Current Type of Business, if existing entity (sole proprietorship, partnership, etc.) and name of existing entity: \_\_\_\_\_

4. Principal Executive Business Address (address used for mailing purposes):

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

5. Address of California Office Where Records Will Be Maintained: \_\_\_\_\_

6. Name and Address of Initial Member(s):

A. \_\_\_\_\_

B. \_\_\_\_\_

- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_

7. Management Type (Check one):

- One Manager     More than One Manager     All Limited Liability Member(s)

8. Name and Address of Manager(s):

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_

9. Are there Officers (Check one)?     Yes     No

If yes, complete below:

- President: \_\_\_\_\_
- Vice President: \_\_\_\_\_
- Secretary: \_\_\_\_\_
- Treasurer: \_\_\_\_\_

10. Name of Person(s) Authorized to Deal with Company Funds (Manager or Officer(s)): \_\_\_\_\_

11. Name of Tax Matters Person (Manager or Officer): \_\_\_\_\_

12. Name and Address of Agent for Service of Process: \_\_\_\_\_

13. Name of Each Member, Percentage of Membership Shares, Type of Capital Contributed, and Value:

Name	Percentage	Capital Contribution Type	Value/Amount
A. _____	_____ %	_____	\$ _____
B. _____	_____ %	_____	\$ _____
C. _____	_____ %	_____	\$ _____
D. _____	_____ %	_____	\$ _____

E. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

F. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

14. Total Net Value of Business: \$ \_\_\_\_\_

15. Manager Fees/Officer Salaries: \_\_\_\_\_

16. The Limit on Amount of Company Liability or Debt: \$ \_\_\_\_\_

17. List the Percentage Vote Required for: (this has to be an amount greater than 50%)

A. The Sale, Exchange or Other Disposition of All or Substantially All of the Company's Assets

Percentage Vote Required: \_\_\_\_\_

B. The Merger of the Company

Percentage Vote Required: \_\_\_\_\_

C. To Exceed the Amount of Contracted Debt or Liability (listed above in #18)

Percentage Vote Required: \_\_\_\_\_

D. To Change the Amount or Character of Capital Contributions or Character of Business

Percentage Vote Required: \_\_\_\_\_

18. Date accounting year begins/ends: \_\_\_\_\_

19. Date of dissolution of former Company, if applicable: \_\_\_\_\_

20. Other: \_\_\_\_\_

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