

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

Attorney/Paralegal:

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: _____

