

Registered Limited Liability Partnership Instructions



Wyoming Secretary of State ♦ 200 West 24th St ♦ Cheyenne, WY 82002 ♦ 307.777.7311 ♦ Business@wyo.gov

<http://soswy.state.wy.us>

Before Filing Please Note

- One **originally signed** filing must be submitted.
- Include the filing fee of \$100.00.** Make check or money order payable to Wyoming Secretary of State.
- The name must end with "Registered Limited Liability Partnership", "Limited Liability Partnership", "R.L.L.P.", "L.L.P.", "RLLP", or "LLP".
- The Statement of Registration form must be accompanied by an originally signed Consent to Appointment by Registered Agent form. If you have questions regarding registered agents please refer to Wyoming Statutes 17-28-101 through W.S. 17-28-111. The Wyoming Statutes can be accessed at <http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title17/T17CH28.htm>
- Please provide us with an e-mail address so we may provide you with an electronic certificate for evidence of your filing and a courtesy reminder when your annual report is due.
- Please review forms prior to submitting to the Secretary of State to ensure all areas have been completed and speed up the processing of your documents.*

 You're Ready to Mail in Your Documents!

Additional Information After Filing

- ♦ Wyoming processes documents in 3-5 business days. Since there is such a timely turnaround Wyoming Statutes do not provide for expedited service. Please refer to W.S. 17-16-123 for effective time and date information.
- ♦ An annual report will be due every year 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. For more information please refer to <http://soswy.state.wy.us/Forms/FormsFiling.aspx> where the annual report worksheet can be found under Business Forms.
- ♦ If you have questions about sales and use tax you can contact the Department of Revenue Ph. 307.777.5200 or refer to their web page: <https://revenue.state.wy.us/>
- ♦ If you believe you need a specific business license or permit you can contact the Wyoming Business Council Ph. 307.777.2843 or refer to their web page: <http://www.wyomingbusiness.org/program/business-permitting/2833>
- ♦ If you need information regarding how to obtain an Employer Identification Number (EIN) you can contact the Internal Revenue Service or refer to their web page: <http://www.irs.gov/businesses/small/article/0,,id=97860,00.html>



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@wyo.gov

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.



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.