## **LLC Formation Questionnaire**

## Minimal Information needed for formation (may vary between states)

| Name of the LLC (must end in Limite   | ed Liability Company, LLC, or L.L.( | C.): |  |
|---|-------------------------------------|------|--|
| Business Address of the LLC:  |                                     |      |  |
| -<br>-  |                                     |      |  |
| What State would you like the LLC b   | e formed in?                        |      |  |
| The limited liability company will be   | managed by (please check one)       | :    |  |
| ☐ One manager   |                                     |      |  |
| ☐ More than one manager   |                                     |      |  |
| ☐ All limited liability company   | y member(s)                         |      |  |
| Who will be the agent for service of of process, we can help you obtain cone: |                                     |      | If you do not have an agent for servic<br>his box if you would like us to obtain |
| Name  |                                     |      |  |
| Address   |                                     |      |  |
|   |                                     |      |  |
|   |                                     |      |  |
|   |                                     |      |  |
| Additional Information (needed for  | operating agreement)                |      |  |
| Number of Members   |                                     |      |  |
| Names of Members  |                                     |      |  |
|   | Managing member?                    | Yes  | No   |
|   | Managing member?                    | Vac  | No   |

|         |                 |           |               | Managing member               | -? Y∈       | 25       | No                             |
|---------|-----------------|-----------|---------------|-------------------------------|-------------|----------|--------------------------------|
|         |                 |           |               | Managing member               | -? Y∈       | es       | No                             |
| How wo  | ould you        | like the  | LLC to be ta  | xed? Please circle one:       |             |          |                                |
| Corpora | ition           | or        | Partnersh     | nip                           |             |          |                                |
| Would y | you like<br>Yes | us to ob  | tain your Feo | deral Tax ID number (EIN)?    | If yes, we  | will re  | equire additional information. |
| Nhat w  | ill be the      | e purpos  | se/type of bu | usiness of the LLC be?        |             |          |                                |
| What m  | embers          | will ow   | n what perce  | entages of the LLC?           |             |          |                                |
|         |                 |           |               |                               |             |          |                                |
|         |                 |           |               |                               |             |          |                                |
|         |                 |           |               |                               |             |          |                                |
| Would y | you like        | limitatio | ons on owner  | ship transfers or other spec  | cial terms? | ? If so, | please describe                |
| Example | es:             |           |               |                               |             |          |                                |
| -       | You do          | not wa    | nt your partr | ner to be able to sell more t | han 50% c   | of thei  | r interest without your consen |
| -       | If your         | partner   | wants out y   | ou must first be given the o  | ption to b  | uy ou    | t their interest in the LLC.   |
|         |                 |           |               |                               |             |          |                                |
|         |                 |           |               |                               |             |          |                                |
|         |                 |           |               |                               |             |          |                                |
|         |                 |           |               |                               |             |          |                                |
|         |                 |           |               |                               |             |          |                                |
|         |                 |           |               |                               |             |          |                                |
|         |                 |           |               |                               |             |          |                                |
|         |                 |           |               |                               |             |          |                                |