

STATE OF ALABAMA

**REGISTERED LIMITED LIABILITY PARTNERSHIP (LLP)
2017 ANNUAL NOTICE**

PURPOSE: Under Sections, 10A-8-10.01(e) and 10A-8-10.06(e) of the Code of Alabama 1975 a partnership registered under the section shall pay a fee each year on a date specified by the Secretary of State, which shall be March 15. The fee must be accompanied by a notice, on a form designated by the Secretary of State, setting forth any material changes in the information required to be contained in the partnership's registration.

INSTRUCTIONS: Mail this signed completed form with the appropriate fee to the Office of the Secretary of State at **PO Box 5616, Montgomery, AL 36103**. Include a check, money order, or credit card payment for **\$100.00 for standard processing** (no guaranteed processing timeframe – dependent on volume) or **\$200.00 for expedited processing** (within approximately three business days after date of receipt). The request is only accepted via mail or courier and will not be accepted via fax or email. **Using a credit card and our website, you may file the Notice online in the time it takes to type this request. Due to volume, we are unable to search for filings that may or may not have been received via regular mail to provide receipts or status – if a receipt is needed use registered mail service or a courier service.** If the credit card does not authorize the notice will not be filed or if the check is dishonored (\$30 NSF charge) the Notice will be removed. All processing instructions are complete in this form; cover letters are not necessary and will not be reviewed. **If you would like a copy of the filed document, include a copy and a postage paid preaddressed return envelope.**

(For SOS Office Use Only)

**The information completing this form must be typed or laser printed.
Faxed or emailed request will not be acknowledged, processed, or returned.**

1. Alabama Entity ID Number (Format: 000-000): _____ - _____ This information is required.

INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: You may obtain the entity ID number on our website at www.sos.alabama.gov under the Government Records tab. Click on Business Entity Records, click on Entity Name, enter the registered name of the Partnership in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

2. The Name of the Partnership registered with the Office of the Secretary of State of Alabama (required for verification):
- _____

3. Change the Name of the Partnership to (a **Name Reservation or Registration Certificate from the Alabama Secretary of State must be attached if a name change is requested**):
- _____

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Information completed in the following items will be used to change the data on the index.

4. Current street address of the principal office of the partnership:

Current mailing address of the principal office of the partnership, if different from Street Address:

5. Current street address of the registered office of the partnership if the principal office is located outside the State of Alabama (the registered office must be located in Alabama):

Current mailing address of the registered office of the partnership, if different from Street Address of the registered office (must be an address located in Alabama):

6. Name of current Registered Agent of the partnership if the principal office is located outside the State of

Alabama: _____

In order to change this information on the index the new Agent must sign here consenting to serve as Registered

Agent [10A-1-5.32]: _____

7. Brief statement of the business in which the partnership engages: _____

8. The undersigned certify that the partnership continues to be registered as a registered limited liability partnership in the jurisdiction of formation.

Date: _____

Typed Name of Partner Signing Below

Signature of Partner Authorizing Notice/Report

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Additional partners may sign (print additional pages if necessary):

Date: _____

Typed Name of Partner Signing Below

Signature of Partner Authorizing Notice/Report

Date: _____

Typed Name of Partner Signing Below

Signature of Partner Authorizing Notice/Report

Date: _____

Typed Name of Partner Signing Below

Signature of Partner Authorizing Notice/Report

Date: _____

Typed Name of Partner Signing Below

Signature of Partner Authorizing Notice/Report

Secretary of State Payment Option Sheet: If you do not send a acknowledgement copy and a preaddressed postage paid envelope with the filing, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. Office personnel will not be able to search credit card or prepaid account transactions to help you balance your accounts. **Please do not use this option if you have problems collecting receipts from your filing agents.** The document will be stamped showing the receipt of the filing fee but no convenience fees.

MUST be typed or laser printed on a computer.

Entity ID #: _____ - _____ (format 000-000)

Service Requested: _____ \$100.00 Notice filing fee

_____ \$100.00 Expedited Processing fee (must be included with initial filing – we will not be able to pull the filing to upgrade to expedited processing)

_____ Check is attached - Please make one check payable for the total amount of the combined fees (i.e., \$200 if you are requesting expedited service) to the Alabama Secretary of State.

_____ Charge fees to prepaid account: Account Number _____
and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____

Expiration Mo/Yr: _____ / _____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____
Street or PO

City State Zip

Signature of Card Holder: _____
MUST be Signature of Card Holder