

**STATE OF ALABAMA**

**CONVERSION OF A DOMESTIC ENTITY  
Limited Liability Limited Partnership to Limited Liability Company**

PURPOSE: In order to change the entity type of a domestic entity (any entity formed in Alabama), the entity must deliver the documentation in this form pursuant to Section 10A, Chapter 1, Article 8, Code of Alabama 1975.

INSTRUCTIONS: Mail one (1) signed copy for filing with the Office of the Secretary of State, the filing fee of \$25.00 for standard processing with no guaranteed filing timeframe or \$125.00 for expedited filing within twenty four (24) hours after receipt of the filing (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616**, and copy of the filing with a check or money order made out to the Judge of Probate in the county where the entity's formation documents were recorded (contact the Office of the Judge of Probate for the fees). The Secretary of State will file and transmit the copies to the Judge of Probate in accordance with 10A-1-4.02(g). The Conversion will not be registered if the credit card does not authorize and will be removed from the index if the check is dishonored. **If you desire a stamped copy returned to you, supply a third copy and a pre-addressed postage paid return envelope.**

(For SOS Office Use Only)

**This form must be typed or laser printed.  
Faxed and emailed transmissions will not be acknowledged, processed, or returned.**

**1. Information on the converting entity (entity will cease to exist at conversion/termination by conversion):**

Alabama entity id number of converting entity: \_\_\_\_\_ - \_\_\_\_\_ (Format 000-000) \*

**\*INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab. Click on Business Entity Records, click on Entity Name, enter the registered name of the entity 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.

The name of the converting entity as recorded with the Secretary of State of Alabama:

\_\_\_\_\_

County Probate Office in Alabama where the formation documents/articles of this domestic entity were recorded and where the conversion document will be forwarded for recording: \_\_\_\_\_

**This Document was prepared by:**

(For County Probate Court Office Use Only)

**CONVERSION OF DOMESTIC ENTITY / LLLP to LLC**

**2. Information on the converted (formed/created by this conversion) – this entity will continue to exist:**

The name of the new domestic entity resulting from this conversion (A domestic name reservation certificate issued by the Alabama Secretary of State must be attached if the name is changing anything more than the entity identifier information – such as Inc., LLC, etc. – if only the identifier information is changing, no name reservation is required name):

\_\_\_\_\_

Converted entity will be (check one):

- Business Corporation
- Nonprofit Corporation
- Professional Corporation (PC)
- Limited Liability Company (LLC)
- Registered Limited Liability Partnership (LLP)
- Limited Partnership (LP)
- Limited Liability Limited Partnership (LLLP)
- Employee Cooperative Corporation
- Real Estate Investment Trust

**3. Street (No PO Boxes) Address of principal office:** \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**4. Name of registered agent for service of process in Alabama (if principal office is not physically located in Alabama):** \_\_\_\_\_

\_\_\_\_\_

**5. Street (No PO Boxes) Address of initial registered office if different from principal office (MUST be physically located in Alabama if the principal office is located outside of Alabama):**

\_\_\_\_\_

Mailing Address in Alabama (if different) \_\_\_\_\_

**6. Purpose for which the limited liability company formed:** \_\_\_\_\_

\_\_\_\_\_ ; the purpose includes the transaction of any lawful business for which limited liability companies may be organized in Alabama under Title 10A, Chapter 5 of the Code of Alabama.

**7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.**

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8. The name(s) of the Organizer(s): \_\_\_\_\_  
Street (**No PO Boxes**) address of Organizer(s): \_\_\_\_\_  
\_\_\_\_\_ Mailing address of Organizer(s) – (if  
different from street address): \_\_\_\_\_

**Attach a listing if more Organizers need to be added.**

9. If the limited liability company is to be managed by one or more managers, give the number of managers \_\_\_\_\_ and the names and mailing addresses of the manager or managers who are to serve as managers until their successors are elected and begin serving:

Manager's Name: \_\_\_\_\_

Mailing address of Manager: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Mailing address of Manager: \_\_\_\_\_

**Attach listing if more Managers need to be added.**

10. The right, if given, of the member or members to admit additional members, and the terms and conditions of the admission are attached.
11. The circumstances, if any, under which the cessation of membership of one or more members will result in dissolution of the limited liability company are attached.
12. If the converted entity is one in which one or more owners lack limited liability protection, a statement that each owner of the converting entity who is to become a owner without limited liability protection of the resulting entity has consented in writing to the conversion as required by 10A-1-8.01 is attached.
13. The undersigned certify that the conversion was approved pursuant to *Code of Alabama 1975*, Title 10A, Chapter 1, Article 8 (specifically 10A-1-8.01) and that the information included in or attached to this conversion form are true and correct.
14. Signature requirements are in accordance with 10A-1-4.01 and 10A-1-8.01 of the *Code of Alabama 1975*.

\_\_\_\_\_ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the limited liability company.

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**Signature Page – Use additional if necessary.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name **and** Title of Signature Below

\_\_\_\_\_  
Signature of Person Authorized to Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name **and** Title of Signature Below

\_\_\_\_\_  
Signature of Person Authorized to Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name **and** Title of Signature Below

\_\_\_\_\_  
Signature of Person Authorized to Sign

**Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:** If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing or provide an email return on this form, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. **Office personnel will not be able to search credit card or prepaid account transactions to help you balance your accounts. Please do not use these options if you have problems collecting receipts from your filing agents.** The document of record will be stamped showing the receipt of the filing fee and expedite fee but will not show convenience fees which will be charged by your card service provider (generally these fees are between 2% and 5% of the total charge).

**Information MUST be typed or filing will be returned without review.**

Entity Name: \_\_\_\_\_

AL Entity ID Number of converting entity: \_\_\_\_\_ - \_\_\_\_\_ (ex: 000-000)

Service Requested:     \$25.00 Conversion filing fee

\$100.00 Expedited Processing fee **(must be included with initial filing)**

Hold at Front Desk for Pick-up by: \_\_\_\_\_

(Service providers who run couriers for pick-up)

**There is no notification service and there will not be a call for pick-up.**

Return via email (only one email): \_\_\_\_\_

**No paper copy will be sent if email is provided.**

\_\_\_\_\_ 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**