







# Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: [crd@ct.gov](mailto:crd@ct.gov) • WEB: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

OFFICE USE ONLY

## 10. MANAGER OR MEMBER INFORMATION (required):

(Must list at least one Manager or Member of the LLC.)

NAME	TITLE	BUSINESS ADDRESS (No PO Box)	RESIDENCE ADDRESS (No PO Box)
		<p>Check if none: <input type="checkbox"/></p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE:            ZIP:            -</p>	<p>ADDRESS:</p> <p>CITY:</p> <p>STATE:            ZIP:            -</p>
		<p>Check if none: <input type="checkbox"/></p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE:            ZIP:            -</p>	<p>ADDRESS:</p> <p>CITY:</p> <p>STATE:            ZIP:            -</p>
		<p>Check if none: <input type="checkbox"/></p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE:            ZIP:            -</p>	<p>ADDRESS:</p> <p>CITY:</p> <p>STATE:            ZIP:            -</p>

## 11. EXECUTION (required – subject to penalty of false statement):

The undersigned asserts that the subject limited liability company is a foreign limited liability company.

Date (mm/dd/yyyy): \_\_\_\_\_

NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
		▶

## INSTRUCTIONS

1. Provide the name of the limited liability company (name must include a business designation such as L.L.C., LLC, etc.).
2. If name provided in number 1 is *not available* for use in Connecticut, provide an *alternate* name that shall be used in the state of Connecticut. The name must be distinguishable from all other business names on record at the Office of the Secretary of State and *must* contain an appropriate limited liability company designation such as LLC.

To check availability of LLC name, go to [www.sots.ct.gov](http://www.sots.ct.gov); select Business Services; then under Business Filings select Search Business Name, and type the name of your LLC. If the name comes up as active then the name is not available.

3. Provide the limited liability company's state or country of formation
4. Provide the date upon which the limited liability company was formed in its state or country of formation. The date must include a *month, day, and year*.
5. Provide the exact *month, day, and year* upon which the limited liability company began/will begin transacting business in Connecticut. If the limited liability company has not yet commenced transacting business in Connecticut, please make a statement to that effect (e.g., "upon filing" or "upon acceptance.")
6. Provide the street number, street name, city, state and postal code for the principal office address. Note: The principal office mailing address may include a P.O. Box.
7. If the limited liability company is required to maintain an office in its state of formation, provide the street address (must include a street number, street name), city, state, postal code, country (if other than the United States) and a mailing address of the office (may include a P.O. Box).
8. Provide the entity's email address (if none, check box "none"). The Secretary will notify entities via email when their Annual Reports are due. *Do not leave blank.*
9. The limited liability company may appoint either:
  - A. The Secretary of the State

**or**

  - B. An individual who is a resident of Connecticut, including a manager or member of the LLC. (An individual must provide the complete street address of his or her business and a complete Connecticut residence address *and* a Connecticut mailing address.

**or**

  - C. Any of the following business types, on record with this office:
    - A Connecticut corporation, limited liability company, limited liability partnership, or statutory trust.
    - A foreign corporation, limited liability company, limited liability partnership, or statutory trust which has obtained a certificate of authority to transact business in Connecticut and has a Connecticut address on file with this office.

The business must provide a Connecticut business address in Box 9C and a Connecticut mailing address. Print the name and title under the signature of the individual signing acceptance on behalf of the business agent.

10. The limited liability company must list the name, title, residence and business address of one manager or member of the limited liability company. (Attach an extra sheet if additional space is required.)
11. The document must be executed/signed by an authorized official of the limited liability company. That person must print or type his/her full legal name, state the capacity/title under which he/she signs and provide his/her signature. The execution/signature constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

**An annual report will be due yearly, to be filed between January 1st and March 31st, and can be easily filed online at [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov).**

**Make checks payable to “The Secretary of the State.”**

**OFFICE OF THE SECRETARY OF THE STATE**

**Mailing Address:**

Business Services Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470

**Delivery Address:**

Business Services Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106

**PHONE:** 860-509-6003

**WEBSITE:** [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)