

# Registered Limited Liability Partnership Instructions



Wyoming Secretary of State ♦ 2020 Carey Avenue, Suite 700 ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

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

## Before Filing Please Note

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- 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 completed application must be accompanied by an **original certificate of existence/good standing**.
- The Statement of Registration form must be accompanied by an originally signed Consent to Appointment by Registered Agent form.
- Please provide at least one e-mail address in the Statement of Registration. The provided e-mail address is used *only* to send you a certificate of evidence and annual report reminders.
- Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.



## You're Ready to Mail in Your Documents!

- ♦ **Typical processing time is 3-5 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wy.gov> to see what day is currently being processed.

## Additional Contact Information

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- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
  - Ph. 307.777.2843 OR <http://www.wyomingbusiness.org/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
  - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
  - <https://www.irs.gov/Filing>



**Ed Murray**  
**Wyoming Secretary of State**  
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Cheyenne, WY 82002-0020  
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Fax (307) 777-5339  
Email: [Business@wyo.gov](mailto:Business@wyo.gov)

For Office Use Only

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## Foreign Registered Limited Liability Partnership Statement of Registration

1. Name of the Registered Limited Liability Partnership as organized:

2. Jurisdiction under the laws of which govern its partnership agreement and under which it is registered as a limited liability partnership:

*(State or country)*

3. Principal office address which, if in this state, shall be its registered office for service of process and the name of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

4. If the partnership's principal office is not located in this state, the address of a registered office and the name and address of a registered agent for service of process in this state, which the partnership will be required to maintain:

5. Mailing address of the registered limited liability partnership:

6. Principal office address:

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

8. State the date this partnership began doing business in Wyoming or the date it will begin to do business in Wyoming. *(Please note that a corporation doing business in Wyoming without authority shall be subject to back taxes and penalties pursuant to W.S. 17-16-1502(d).):*

( mm/dd/yyyy)

9. Any other information:

10. This partnership is a registered limited liability partnership.

11. This statement of registration has been executed by one (1) or more partners authorized to execute a statement of registration.

**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:

*(Email provided will receive annual report reminders and filing evidence)  
\*May list multiple email addresses*

**REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING**

The completed application must be accompanied by an **original certificate of existence/good standing**, dated not more than sixty (60) days prior to filing in Wyoming, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of formation.

