

Registered Limited Liability Partnership Instructions



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

307.777.7311 ♦ Business@wyo.gov

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

Before Filing Please Note

- ☐ 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 Statement of Registration form must be accompanied by an originally signed Consent to Appointment by Registered Agent form. If you have questions regarding registered agents please refer to Wyoming Statutes 17-28-101 through W.S. 17-28-111. The Wyoming Statutes can be accessed at <http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title17/T17CH28.htm>
- ☐ 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

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



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For Office Use Only

Registered Limited Liability Partnership Statement of Registration

1. Name of the registered limited liability partnership:

(The name must end with "registered limited liability partnership", "limited liability partnership", "R.L.L.P.", "L.L.P.", "RLLP" or "LLP".)

2. Principal office address and name of the registered agent for service of process in this state:

*(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.**)*

3. If the principal office is not located in this state, the physical address of the registered office and the name of the registered agent for service of process in this state:

4. Mailing address of the registered limited liability partnership:

5. Principal office address:

6. The partnership engages in the business specified below:

7. The partnership hereby registers as a registered limited liability partnership.

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

9. Execution:

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*



Consent to Appointment by Registered Agent

I, _____, registered office located at
(name of registered agent)

voluntarily consent to serve

***** (registered office physical address, city, state & zip)

as the registered agent for
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)

Print Name: _____ Daytime Phone: _____

Title: _____ Email: _____

Registered Agent Mailing Address
(if different than above):

***If this is a current registered agent changing their registered address on file, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)