

# MACK & MACK ◆ ATTORNEYS ◆

## Limited Liability Company Information

Name of Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Office Physical Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

\_\_\_\_\_

Registered Agent (must be a resident of the State): \_\_\_\_\_

Registered Agent Address (must be SC): \_\_\_\_\_

\_\_\_\_\_

Manager(s): \_\_\_\_\_

Effective Date (check one): \_\_\_\_\_ Upon Filing or \_\_\_\_\_ Date: \_\_\_\_\_

Name and Address of each Organizer/Member/Manager:

Name	Address