

## New LLC Filing

### SECTION 1

**Primary Contact Person:**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_

### SECTION 2

**Desired Effective Date:** \_\_\_\_\_

**Desired Limited Liability Company Name:**

Option 1: \_\_\_\_\_

Option 2: \_\_\_\_\_

Option 3: \_\_\_\_\_

### SECTION 3

**Business Activity – Description / Type of Business:**

\_\_\_\_\_

\_\_\_\_\_

### SECTION 4

**Principal Place of Business** (The principal address must be a street address. P.O. Boxes are not permitted)

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Mailing Address**

If mailing address is same as principal address, check this box:

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

### SECTION 5

List the **Title, Full Name, and Address** of each manager or authorized representative to manage and control the company.

**For Title, please note the following:**

- **Authorized Member:** An owner of the LLC who can make decisions
- **Manager:** Someone hired or appointed to run the business (may or may not be an owner)
- **Authorized Representative:** Someone given permission to act on behalf of the LLC for filings or specific matters

  
**LOPEZ & COMPANY**  
ACCOUNTANTS AND ADVISORS, LLC

**1<sup>st</sup> Authorized Member, Manager or Authorized Representative:**

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_

-OR-

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

Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

**2<sup>nd</sup> Authorized Member, Manager or Authorized Representative:**

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_

-OR-

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

Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

**3<sup>rd</sup> Authorized Member, Manager or Authorized Representative:**

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_

-OR-

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

Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

**4<sup>th</sup> Authorized Member, Manager or Authorized Representative:**

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_

-OR-

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

Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

**SECTION 6 – Other Services We Offer**

**You may be interested in assistance with the following:** *(Please check all that apply.)*

- EIN filing
- Workers’ Compensation Exemption filing. For how many owners? \_\_\_\_\_
- S-Corp election (Form 2553)
- Operating Agreement
- Registered Agent Service
- Annual Report Service
- Bookkeeping Setup
- Payroll services (employee payroll processing & filings)
- W-2 preparation (year-end employee forms)
- 1099-NEC preparation (independent contractors)
- Sales tax registration & filing
- Business tax returns (annual filing)
- Estimated tax payments (quarterly)
- New hire reporting
- Accountable plan / owner reimbursements
- Other

**SECTION 8 – DISCLOSURES**

**ANNUAL REPORT NOTICE:** Your Florida LLC must file an Annual Report each year between January 1 and May 1 to keep the company active. Your first Annual Report will be due the year after your LLC is formed. The current Annual Report filing fee is \$138.75. If it is filed after May 1, the State of Florida applies a \$400 late fee. We offer assistance with this filing service. Please contact us no later than the end of April each year if you would like our assistance in filing your Annual Report. Our Annual Report processing fee starts at \$50. INITIALS: \_\_\_\_\_

**PAYMENT:** Full payment of the State of Florida Division of Corporation filing fees and our service fees is required before your LLC filing can be processed. No filing will be submitted until payment is received. INITIALS: \_\_\_\_\_

**LEGAL DISCLAIMER:** Lopez & Company Accountants & Advisors, LLC provides accounting, tax, and tax advisory services only, and does not provide legal advice. Please consult a qualified attorney for legal matters related to your business or entity formation. INITIALS: \_\_\_\_\_

**SECTION 9**

**Authorization and Accuracy Statement:**

I certify that the information provided in this intake form is true, correct, and complete to the best of my knowledge. I authorize Lopez & Company Accountants & Advisors, LLC to rely on the information provided and to prepare and submit the LLC filing and related requested services on my behalf. I understand that any incorrect or incomplete information may delay filing or require additional work or fees.

**Your Signature:** \_\_\_\_\_

**Full Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_