



Today's Date: _____

**LIMITED LIABILITY COMPANY
FORMATION QUESTIONNAIRE**

Name of Limited Liability Company	
1st Preference:	
2nd Preference:	

PHYSICAL ADDRESS

Street			
City	State	Zip	County

MAILING ADDRESS

Street			
City	State	Zip	County

NUMBER OF MEMBERS: _____

TAX TREATMENT: Disregarded Entity Partnership Corporation
(to be discussed)

MEMBERS

Name			
Street			
City	State	Zip	County

Name			
Street			
City	State	Zip	County

INITIAL MANAGERS

Name			
Street			
City	State	Zip	County

Name			
Street			
City	State	Zip	County

Signature

Name: _____