
LAW OFFICE
OF
CONRAD WILLKOMM, P.A.

3201 TAMiami TRAIL NORTH · 2ND FLOOR · NAPLES · FLORIDA · 34103

LIMITED LIABILITY COMPANY INFORMATION

I. Company Information

Name of Limited Liability Company: _____

Principal Office Address (*must be a physical location within the U.S.*):

Mailing Address (*P.O. Box address is permissible*):

You are required to select a Registered Agent located in the State of Florida to accept any service of process, legal notices including, but not limited to, business and tax notices, payment reminders, and other documents on behalf of your LLC. You may nominate the Law Office of Conrad Willkomm, P.A. to serve as your Registered Agent for a fee of \$150.00 per year*. Please make your indication below.

Yes, please register the Law Office of Conrad Willkomm, P.A. as my Registered Agent.

The name and address of my Registered agent will be as follows:

Name: _____

Physical Address: _____, FL _____

II. Member Information (members are the owners of the company)

The 1st member listed will be considered the organizer of the Company and their information will be used to obtain the tax identification number.

1st Member Information

Last Name: _____ First Name: _____

Middle: _____ JR., SR., II, III, IV?

Percentage of Ownership: _____ A U.S. Citizen? ____ YES ____ NO

Home Address: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____ Email Address: _____

Additional Members (Please attach an additional page if nominating more than 3 members)

Name: _____ Name: _____

Address: _____ Address: _____

Percentage of Ownership: _____ Percentage of Ownership: _____

III. Manager Information (Managers oversee and are in charge of the day-to-day operations of the LLC)

Name: _____ Name: _____

Address: _____ Address: _____

Name: _____ Name: _____

Address: _____ Address: _____

IV. Entity Type (SS-4) Please choose from the following:

S-Corp Election
(All owners must be U.S. citizens for S-Corp Election) – Additional \$150.00 fee

Sole Proprietorship/disregarded entity – *Default option for Single Member*

Partnership – *Default option for Multi-member*

V. Annual Report Filing

Please indicate below if you would like for our office to file your annual report that is due each year for your company on May 1st. Our fee is \$150.00 per year* plus the State’s filing fee.

Yes

No

VI. Virtual Offices

Please indicate below if you are interested in our virtual office options.

Yes

No

*If you elect for the Law Office of Conrad Willkomm, P.A. to serve as your Registered Agent and file your Annual Report, our annual fee for services will be a reduced rate of \$250.00 total plus costs. If you have elected to nominate our office for either or both of these services, you will be required to complete the attached Credit Card Authorization form for our records.

OUR ASSISTANCE WITH THE FORMATION OF A LIMITED LIABILITY COMPANY DOES NOT INCLUDE ANYTHING WITH TRADEMARKS AT A STATE OR FEDERAL LEVEL.

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CREDIT CARD AUTHORIZATION FORM

Name of Cardholder: _____

Type of Card: _____

Card Number: _____

Expiration Date: ____/____

Billing Address: _____

CVV Code: _____

I _____ hereby authorize the Law Office of Conrad Willkomm, P.A. to charge my above referenced credit card for current and/or future payments for the following annual services associated with my Florida limited liability company:

_____ \$150.00 Annual Registered Agent Fee

_____ \$150.00 Annual Report Filing Fee plus State Filing Fee Hard Costs (Currently \$138.75)

_____ \$250 Combined Annual Report and Registered Agent Fee plus State Filing Fee Hard Costs

X _____
(Signature of Client)

Date: _____