



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

FOREIGN REGISTRATION STATEMENT LIMITED LIABILITY COMPANY - FOREIGN

C.G.S. §34-275b

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: MAILING ADDRESS: CITY: STATE: ZIP:		FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF LIMITED LIABILITY COMPANY IN STATE OR COUNTRY OF FORMATION - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION SUCH AS LLC, L.L.C., ETC.)		
2. IF NAME AT "1" IS NOT AVAILABLE, ALTERNATE NAME TO BE USED IN CONNECTICUT: (MUST INCLUDE BUSINESS DESIGNATION SUCH AS LLC, L.L.C., ETC.)		
3. STATE/COUNTRY OF FORMATION - REQUIRED:	4. DATE OF FORMATION: REQUIRED: (MM/DD/YYYY)	
5. DATE LIMITED LIABILITY COMPANY BEGAN / WILL BEGIN TRANSACTING BUSINESS IN CONNECTICUT - REQUIRED: DATE (MM/DD/YYYY) _____		
6. PRINCIPAL OFFICE ADDRESS AND MAILING ADDRESSES: REQUIRED:		
PRINCIPAL OFFICE ADDRESS:	PRINCIPAL OFFICE MAILING ADDRESS: (P.O. BOX IS ACCEPTABLE)	
STREET: CITY: STATE: ZIP:	STREET OR P.O.BOX: CITY: STATE: ZIP:	
7. IF REQUIRED IN STATE/COUNTRY OF FORMATION:		
OFFICE ADDRESS IN STATE OF FORMATION:	MAILING ADDRESS IN STATE OF FORMATION: (P.O. BOX IS ACCEPTABLE)	
STREET: CITY: STATE: ZIP:	STREET OR P.O.BOX: CITY: STATE: ZIP:	

INSTRUCTIONS

1. Provide the name of the limited liability company. (Name must include a business designation such as L.L.C., LLC, etc.)
2. If name provided in number 1 is not available for use in Connecticut, provide an alternate name that shall be used in the state of Connecticut. The name must be distinguishable from all other business names on record at the Office of the Secretary of State and must contain an appropriate limited liability company designation such as LLC.
3. Provide the limited company's state of formation.
4. Provide the date upon which the limited liability company was formed in its state or country of formation. The date must include a **month, day and year**.
5. Provide the exact **month, day and year** upon which the limited liability company began/will begin transacting business in Connecticut, If the limited liability company has not yet connected transacting business in Connecticut, please make a statement to that effect.
6. Provide the street number, street name, city, state and postal code for the principal office address. The principal office mailing address may include a P O Box.
7. If the limited liability company is required to maintain an office in its state of formation, provide the street address (must include a street number, street name, city, state, postal code and country (if other than the United States) and mailing address of the office (may include a P O Box).
8. The limited liability company may appoint either.
 - A. The Secretary of the State
 - or**
 - B. Any individual who is a resident of Connecticut, including a manager or member of the LLC. (An individual must provide the complete street address of his or her business and a complete Connecticut residence address AND a mailing address.) **or**Any of the following business types, on record with this office:
 - A Connecticut corporation, limited liability company, limited liability partnership or statutory trust
 - A foreign corporation, limited liability company, limited liability partnership or statutory trust, which has obtained a certificate of authority to transact business in Connecticut and has a Connecticut address on file with this office.The business must provide a Connecticut business address in Box 8B AND a Connecticut mailing address.
Print the name & title under the signature of the individual signing acceptance on behalf of the business agent.
9. The Limited Liability Company must list the name, title, residence and business address of one manager or member of the Limited Liability Company. (Attach an extra sheet if listing more than one manager or member).
10. Provide the entity's Email address. (If none, must state "NONE".) The Secretary will notify entities via email when their Annual Reports are due. DO NOT LEAVE BLANK
11. The document must be executed/signed by an authorized official of the limited liability company. That person must print or type his/her full legal name, state the capacity/title under which he/she signs and provide his/her signature. The execution/signature constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

For Connecticut business entity tax purposes, a foreign limited liability company will be subject to the tax:

- For the taxable year during which its application for registration is filed with the Connecticut Secretary of the State,
- For the taxable year during which its certificate of cancellation is filed with the Connecticut Secretary of the State, and
- For all intervening taxable years. For more information on the Business Entity Tax go to www.ct.gov/BET or call DRS during business hours, Monday through Friday, at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or 860-297-5962 (from anywhere).

An annual report will be due yearly to be filed between January 1st and April 1st and can be easily filed online @ www.concord.sots.ct.gov

OFFICE OF THE SECRETARY OF THE STATE

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