

Michael Stratton, P.A.

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Limited Liability Company Form	
Company Name	First Choice: Second Choice:
Principle Place of Business (Include County)	Address: City: State: Zip Code: County:
Mailing Address (Include County)	Address: City: State: Zip Code: County:
Telephone	Business: Facsimile:
Principle Business Activity	

<p>Managing Members or Managers Name and Address</p> <p>Note: Select MGRM for a Managing Member or Select MGR if the person is a professional manager an NOT a member of the LLC</p>	<p>If your LLC will be "manager-managed," please type the name of each manager in the form below. In a manager-managed LLC, the management team consists of less than all members or there is at least one nonmember manager.</p> <p>Name: <input type="checkbox"/> MGRM <input type="checkbox"/> MGR</p> <p>Address:</p> <p>City: State: Zip</p> <p>Name: <input type="checkbox"/> MGRM <input type="checkbox"/> MGR</p> <p>Address:</p> <p>City: State: Zip</p> <p>Name: <input type="checkbox"/> MGRM <input type="checkbox"/> MGR</p> <p>Address:</p> <p>City: State: Zip</p> <p>Name: <input type="checkbox"/> MGRM <input type="checkbox"/> MGR</p> <p>Address:</p> <p>City: State: Zip</p>
<p>Registered Agent (Person who will receive service of process for the corporation)</p>	<p>Name:</p> <p>Address:</p> <p>City:</p> <p>State: Zip Code:</p> <p>County:</p>