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LIMITED LIABILITY COMPANY (LLC) INFORMATION SHEET

(Please complete ALL items or indicate N/A if applicable)

1. Your Name _____
2. Address for billing purposes: _____
3. Do you wish to designate the organizer: Yes _____ (Name _____)
No _____ *(If no, our office will be the organizer).*
4. Date desired to have LLC formed by: _____
5. LLC Name: _____
Two alternative names *(second to be used if the first choice is unavailable):*
 - 1) _____
 - 2) _____
6. Will the LLC's name be the same as the business' name?
Yes _____ No _____
If not, what will the business's name (doing business as - d/b/a) be?

7. Purpose for the LLC *(what type of business will the LLC be involved in?)*

8. Do you need this LLC to be formed by a certain date? _____
(State does not guarantee turnaround time unless expedited filing is used.)

9. Business' address: _____
10. Registered office address: _____
11. Registered agent name: _____
(Note: We can act as your registered agent.)
Address: _____ County: _____

12. Mailing address for state tax purposes: _____

13. Names and titles of the initial officers:

Name	Title	Residence Address	SS#	Date of Birth
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Names of the members:

Name	% of Shares	Residence Address	SS#	Date of Birth
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Are all of the members either U.S. Citizens or Green Card holders?

Yes _____ No _____

17. Will the LLC be manager managed or member managed?

Manager managed _____ Member managed _____

If Manager managed please provide name of Manager _____

18. Miscellaneous Information you wish to provide: _____

This form requests basic information. We can discuss other possible options with you at time of consultation. Please return form via email, fax or mail.