

201 N. Rowe St. Ludington, MI 49431 231-480-1101

LIMITED LIABILITY COMPANY QUESTIONNAIRE

CLIENT INFORMATION:

NAME

ADDRESS

E-MAIL	
PHONE	
SS#	
LLC INFORMATION:	
PROPOSED NAME FOR LLC:	
ALT. NAME IF NOT AVAILABLE:	
MAILING ADDRESS FOR LLC:	
TYPE OF BUSINESS:	
WILL LLC BE A SINGLE OR MULTIPLE MEMBER COMPANY:	
NUMBER OF EMPLOYEES:	
COMPANY VEHICLE:	
WHICH MEMBER WILL BE RESIDENT AGENT:	
BOARD OF DIRECTORS:	
PRESIDENT:	
VICE PRESIDENT:	
TREASURER:	

SECRETARY:	
MEMBER INFORMATION:	
NAME:	ADDRESS:
PHONE:	E-MAIL:
PERCENTAGE OWNED:	INITIAL CONTRIBUTION:
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