



**State of Utah**  
**DEPARTMENT OF COMMERCE**  
**Division of Corporations & Commercial Code**  
**Application for Limited Liability Partnership**

Non-Refundable Processing Fee:	
<input type="checkbox"/> New Filing	\$22.00

**Registration of this name does not guarantee exclusive right to disregard protection against unauthorized use of this name (U.C.A. Section 48-1-42). The last words of the name must be "Limited Liability Partnership" (LLP).**

- Limited Liability Partnership Name: \_\_\_\_\_
- Purpose of the Limited Liability Partnership: \_\_\_\_\_
- Principal Address: \_\_\_\_\_  

Street Address Only	City	State	Zip
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- Number of Partners (Minimum 2): \_\_\_\_\_

**Registered Agent:**

- |                                |                               |
|--------------------------------|-------------------------------|
| _____                          | _____                         |
| Print Name of Registered Agent | Signature of Registered Agent |
- |                |             |       |       |
|----------------|-------------|-------|-------|
| _____          | <u>Utah</u> | _____ | _____ |
| Street Address | City        | State | Zip   |

**Authorized Partner(s) attach additional pages if needed:**

Under penalties of perjury and as an authorized partner, I declare that this application, and if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

_____	_____
Print Name	Signature

_____	_____	_____	_____
Street Address	City	State	Zip

_____	_____
Print Name	Signature

_____	_____	_____	_____
Street Address	City	State	Zip

_____	_____
Print Name	Signature

_____	_____	_____	_____
Street Address	City	State	Zip

**Where to file:** Limited Liability Partnerships will send completed form(s) with a non-refundable processing fee of \$22.00 to the Division of Corporations. Means of payment are: cash, check, or money order made payable to the "State of Utah". Please include one (1) self addressed envelope with application. **If you are faxing you must include, on a cover sheet, the number of a VISA, MasterCard or American Express with the date of expiration.**

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, the business entity physical address may be provided rather than the residential or private address of any individual affiliated with the entity.

<p><b>Mail In:</b> PO Box 146705  Salt Lake City, UT 84114-6705  <b>Walk In:</b> 160 East 300 South, Main Floor  <b>Information Center:</b> (801) 530-4849  <b>Toll Free:</b> (877) 526-3994 (within Utah)  <b>Fax:</b> (801) 530-6438</p>
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