

MISSOURI OFFICE \*  
1903 Wyandotte St., Ste 100  
Kansas City, MO 64108  
PH: 816.931.2207  
FX: 816.931.2247  
*\*by appointment only*



KANSAS OFFICE  
1901 W. 47<sup>th</sup> Place, Ste 300  
Westwood, KS 66205  
PH: (913) 262-2207  
FX: (913) 262-2247

**LIMITED LIABILITY INFORMATION FORM**

Return Completed Form To: [nikki@mokslaw.com](mailto:nikki@mokslaw.com)

**Client Information**

Date: \_\_\_\_\_, 20\_\_

1. Full Legal Name: \_\_\_\_\_  
Owner is:  married  unmarried  
If Owner is married, what is the Spouse's Full Legal Name: \_\_\_\_\_
2. Contact Person: \_\_\_\_\_
3. Billing Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address City State Zip Code
4. Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_@\_\_\_\_\_

**LLC Information**

5. In which State would you like to set up your LLC?  Missouri  Kansas
6. Desired Name: \_\_\_\_\_
7. If Desired Name is Unavailable, Please List Your Second Choice: \_\_\_\_\_
8. Principal Place of Business Address: \_\_\_\_\_
9. Full Name and Address of Each Member. Please attach a copy of each member's driver's license for the BOIR filing:

Name	Street Address	City	State	Zip Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Would you like Julie Anderson to act as your Registered Agent?  Yes  No

\*Please note there is an additional \$250.00 annual fee to use The Law Offices of Anderson & Associates as your Registered Agent

11. If no, What is the Full Name and Address of your preferred Registered Agent:

Name	Street Address	City	State	Zip Code
_____	_____	_____	_____	_____

**Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, am authorized to enter into this agreement on behalf of the above-named client. I agree to have The Law Offices of Anderson & Associates draft and file all necessary documents in the appropriate Missouri or Kansas venue. I also agree to pay for the services invoiced plus costs within 30 days of invoicing, regardless of a third party obligation to indemnify me. I further authorize The Law Offices of Anderson & Associates to affix my electronic signature to any documents filed with the Secretary of State that may be necessary for the formation of my company.

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name  
  
\_\_\_\_\_  
Printed Name