



LLC FORMATION  
WORKSHEET

NAME: \_\_\_\_\_ FAX: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

1. Name of LLC: Reserved  
 Chose **THREE** names in order of preference (we will reserve the first name available).
 

	(1) _____	Y/N
	(2) _____	Y/N
	(3) _____	Y/N
  
2. Business Purpose:  
 What is the purpose of the LLC?  
 (e.g. Real Estate Investment—no license required)  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Principal Place of Business:  
 Address: \_\_\_\_\_  
 \_\_\_\_\_
  
4. Agent for Service of Process:  
 Name \_\_\_\_\_  
 Circle One: Individual/Corporation  
 Address: \_\_\_\_\_
  
5. LLC will be managed by:  
 One Manager     More than one Manager     Single Member LLC     All LLC Members
  
6. LLC Members:                      Manager:    Address:  
 (a) \_\_\_\_\_                      Y/N                      \_\_\_\_\_  
 (b) \_\_\_\_\_                      Y/N                      \_\_\_\_\_  
 (c) \_\_\_\_\_                      Y/N                      \_\_\_\_\_  
 (d) \_\_\_\_\_                      Y/N                      \_\_\_\_\_
  
7. Additional Information if necessary  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. Accountant's Information:  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 Firm \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE MAIL/EMAIL ALL INFORMATION SHEETS TO:  
 PARR LAW GROUP  
 1625 The Alameda, Suite 900, San Jose, CA 95126  
 Email: info@parrlawgroup.com