

**LIMITED LIABILITY COMPANY FORMATION CHECKLIST**

**CLIENT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ SS#: \_\_\_\_\_

**LLC INFORMATION**

Name you would like for your LLC: \_\_\_\_\_

\*Please note that we will verify name availability with the State of Michigan. If internet domain name availability is important to your business, we would suggest that you independently verify such availability.

Alternate (in case that name is not available): \_\_\_\_\_

Type of business to be conducted by your LLC: \_\_\_\_\_

Will your LLC be a single member or multiple member company? \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Company vehicles (if any): \_\_\_\_\_

Which Member will be the Resident Agent? \_\_\_\_\_

Which Member will be:

Manager(s): \_\_\_\_\_

Chairman: \_\_\_\_\_ Secretary: \_\_\_\_\_

Correspondence, invoices, and information regarding your LLC should be sent to the following:

Member: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**MEMBER INFORMATION**

Please provide the following information for each Member:

(1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Initial \$ Contribution: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_

(2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Initial \$ Contribution: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_

(3) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Initial \$ Contribution: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_

(4) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ SS#: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Initial \$ Contribution: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_