

**MONTANA LIMITED LIABILITY  
COMPANY ANNUAL REPORT**



Prepare, sign, submit with an original signature and filing fee.

**This is the minimum information required  
(This space for Secretary of State use only)**

**MAIL:**            **LINDA McCULLOCH**  
Secretary of State  
P.O. Box 202802  
Helena Montana 59620-2802

**PHONE:**        (406) 444-3665

**FAX:**            (406) 444-3976

**WEB SITE:**     [sos.mt.gov](http://sos.mt.gov)

**Filing Fee on or before April 15<sup>th</sup>: \$15.00**  
**After April 15<sup>th</sup>: \$30.00**

- 24 Hour** Priority Filing Add \$20.00
- 1 Hour** Expedite Filing Add \$100.00

Must be returned in order for your limited liability company to remain active and in good standing and prevent involuntary dissolution/revocation per [35-8-208, MCA](#).

To help you determine what information is on file with this office, please call the above phone number or use our business entity search at <http://app.mt.gov/bes>.

Exact Name of Limited Liability Company: \_\_\_\_\_

**Registered Agent Information**

Name of Registered Agent: \_\_\_\_\_ Phone (Optional): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_, MT Zip: \_\_\_\_\_

(or Physical Location)

Mailing Address/PO Box\*: \_\_\_\_\_ City: \_\_\_\_\_, MT Zip: \_\_\_\_\_

\*Complete if mailing address is different from street address or physical location and both addresses must be in Montana.

Optional: Phone: \_\_\_\_\_ E-Mail Address (Optional): \_\_\_\_\_

Signature of New Registered Agent (required if changed): \_\_\_\_\_

1. State of Organization: \_\_\_\_\_

2. Address of Principal Office: \_\_\_\_\_

3. Limited liability company is managed by:  Managers or  Members. Please check either box. (This information must agree with our records).

4. Names and addresses with street name and number of Managers or Members (to REMOVE managers or members see [below](#)):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. **Professional Limited Liability Companies only.** I certify that all the members and not less than one-half of the managers are qualified with the proper licensing authority in Montana or meet higher standards as specified by that licensing authority.
6. By my signature below, I, am authorized to execute documents on behalf of the LLC, and do state that any and all statements contained herein are true and are based upon actions taken by the LLC in accordance with the statutes or its articles of organization or operating agreement.

I further state that the LLC remains in existence and has taken the necessary actions during the past year to preserve the status.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed name of signing Individual

\_\_\_\_\_  
Date (Mo/Day/Year)

#### INSTRUCTIONS FOR REMOVING MEMBERS OR MANAGERS

##### DOMESTIC:

- **Statement of Dissociation** - The only time you need to file a Statement of Dissociation is when a member has dissociated (withdrawn) from the limited liability company. Prepare a Statement of Dissociation to remove each member. The Statement of Dissociation must state the name of the LLC and the name of the specific member that is being dissociated from the LLC. The Statement of Dissociation can be signed by the specific member being removed or by one of the other listed members. The filing fee is \$15.00 per Statement of Dissociation.
- **Managed by Members** - If a member is no longer managing the LLC but remains a member, a Statement of Dissociation is NOT required. Simply do not list their name as a manager.
- **Managed by Managers** - If a manager is no longer managing the LLC and is not a member, a Statement of Dissociation is NOT required. Simply do not list their name as a manager.

##### FOREIGN:

**Managed by Members or Managers** - Members or managers can be removed from the annual report without any requirements. Simply do not list their name as a manager.

## GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

## ALL INFORMATION PUBLIC

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

## LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

## FORM PROCESSING TIME

Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.

## PRIORITY FILING

- You may request 24 hour priority filing of your document by simply marking the "24 hour priority filing" box and include an additional \$20.00 with your filing fee.
- You may request 1 hour expedite filing of your document by marking the "1 hour priority filing" box and including an additional \$100.00 with your filing fee.

## SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State  
PO Box 202801  
Helena, MT 59620-2801

## CONTACT US

If you have any questions regarding this form, please contact the Secretary of State Business Services at (406) 444-3665.