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**CALIFORNIA LIMITED LIABILITY COMPANY  
QUESTIONNAIRE FORM**

**I. GENERAL COMPANY INFORMATION**

**A. General**

1. Company Name: \_\_\_\_\_  
Pick 3 Names: i.) \_\_\_\_\_  
(Put in order of ii.) \_\_\_\_\_  
Preference) iii.) \_\_\_\_\_
  
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_
  
3. Address of Principal Executive Office: \_\_\_\_\_  
(if different than above) \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_
  
4. Business Phone Number: \_\_\_\_\_  
Business Fax Number: \_\_\_\_\_
  
5. (a) Principle Business Activity: \_\_\_\_\_  
\_\_\_\_\_  
(b) If manufacturing, then state:  
(i) Principle product: \_\_\_\_\_  
(ii) Raw material used: \_\_\_\_\_
  
6. To whom will most of the company's products or services be sold:  
Please circle:  
Public/Retail //Business/Wholesale// Not Applicable
  
7. Date business will start activities: \_\_\_\_\_
  
8. First date wages or annuities will be paid: \_\_\_\_\_

9. Number of employees expected in the next twelve months:  
(a) Agriculture: \_\_\_\_\_  
(b) Household: \_\_\_\_\_  
(c) Other: \_\_\_\_\_

10. Closing month of accounting year: \_\_\_\_\_

11. Name of Organizer: \_\_\_\_\_

12. Will the LLC be a single member LLC or will it consist of two or more members? \_\_\_\_\_

13. Names and business or residence addresses of all Members (*attach an additional page if more than 3 Members*):

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

14. Will the LLC be member managed (managed by all members) or manager managed (managed by one manager)? \_\_\_\_\_

a. Name of Manager(s): \_\_\_\_\_

15. Will the LLC operate as a partnership (for tax purposes) or as a corporation?

16. Did the LLC operate as a previous entity (i.e. a Sole Proprietorship, partnership or a corporation prior to organizing as an LLC)? Yes or No

17. If the LLC was a conversion, what type of entity was it? \_\_\_\_\_  
\_\_\_\_\_

18. Name and address of initial agent for service of process in California:

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

19. To obtain an Federal Employer Identification Number (FEIN), please list the name and title of the Member or Manager of the LLC and his/her Social Security Number. If the acting Manager is a corporation, please list the corporation's FEIN instead.

Name or Company Name                      Title                      Social Security No. or FEIN

\_\_\_\_\_

**B. LLC Operating Agreement**

1. Will the LLC be a single member LLC or will it have more than one member?

\_\_\_\_\_

2. If you intend to have officers of the LLC, please list the names and business or residence addresses of each officer (*may be one person for all three positions*).

Officers:                      Name and Address                      Annual Salary  
*(Optional)*

(a) President: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Chief Financial Officer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Secretary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Agent for service of Process (*if different than the person or address specified in 1.A.18., above*):

_____	_____
	_____
	_____
	_____

**C. Membership Interest**

1. Do you plan on issuing evidence of membership interest in the LLC (i.e. membership certificates): \_\_\_\_\_
2. What consideration will be paid for the membership interest in the LLC?
- a. Cash Amount: \$ \_\_\_\_\_; or
- b. Other Consideration: (Please attach list and provide a fair market value for each item.

**D. Foreign Qualifications:**

1. List states other than California in which the LLC will have employees or in which the LLC will have an office (*attach an additional page if necessary*):

<u>State:</u>	<u>Address of Office (if any)</u>
_____	_____
	_____
	_____
	_____
_____	_____
	_____
	_____
	_____
_____	_____
	_____
	_____
	_____
_____	_____
	_____
	_____
	_____

## II. ORGANIZATION FEES & COSTS

Approximate fees for organizing a California limited liability company in the State of California (only) are as follows:

### Secretary of State Fees:

### Amount:

Name Availability Searches (per name):	\$ 4.00
Filing the Articles of Organization: Over the Counter Fee:	\$ 70.00
Initial Statement of Information:	\$ 15.00
	\$ 25.00

### Department of Corporations:

Form 25102(f) filing (Securities filing)	\$25.00 to \$300.00 ( <i>depends upon value of LLC Interest</i> )
Form U-2 (Uniform Consent for Service of Process)	No fee.

### California Franchise Tax Board:

Minimum "Privilege" tax, paid annually with first payment due on the fifteenth day of the third month following the filing of the Articles of Organization.	\$800.00
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