

# Registered Limited Liability Partnership Instructions



Wyoming Secretary of State

Herschler Building East, Suite 101 ♦ 122 W 25th Street ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

## Before Filing Please Note

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- ☐ The name must end with "Registered Limited Liability Partnership", "Limited Liability Partnership", "R.L.L.P.", "L.L.P.", "RLLP", or "LLP".
- ☐ **Filing fee of \$100.00.** Make check or money order payable to Wyoming Secretary of State.
- ☐ Under the circumstances specified in W.S. 17-28-104(e), **an email address is required.**
- ☐ **Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.
- ☐ Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**



**You're Ready to Mail in Your Documents!**

- ♦ **Processing time is up to 15 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wyo.gov> to see what day is currently being processed.

## Additional Contact Information

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- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
  - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
  - <https://www.irs.gov/Filing>



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For Office Use Only

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## Foreign Registered Limited Liability Partnership Statement of Continuance

Pursuant to W.S. 17-21-1106 of the Wyoming Uniform Partnership Act, the undersigned hereby submits the following Statement of Continuance:

1. Name of the registered limited liability partnership:

2. Name it proposes to register and transact business in Wyoming:

*(W.S. §17-21-1103 requires that the name of a registered limited liability partnership must end with “registered limited liability partnership”, “limited liability partnership”, “R.L.L.P.”, “L.L.P.”, “RLLP” or “LLP”.) This article may be used to meet this requirement.*

3. Organized under the laws of:

*(State or country)*

4. Date of organization:

*(Date – mm/dd/yyyy)*

5. Duration from the date of formation to present:

6. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

7. If the principal office is not located in this state, the physical address of the registered office and the name of the registered agent for service of process in this state:

8. Mailing address of the registered limited liability partnership:

9. Principal office address:

10. The partnership engages in the business specified below:

11. The partnership hereby registers as a registered limited liability partnership.

12. The registered limited liability partnership will abide by the constitution and laws of Wyoming.

13. This statement of continuance has been executed by one (1) or more partners authorized to execute a statement of continuance.

14. Certification. *(Please check the box to complete the required certification.)*

I consent on behalf of the business entity to accept electronic service of process at the required email address provided on the form under the circumstances specified in W.S. 17-28-104(e).

15. Execution:

**Signature:** \_\_\_\_\_

**Date:**

(mm/dd/yyyy)

Print Name:

Title:

**Signature:** \_\_\_\_\_

**Date:**

(mm/dd/yyyy)

Print Name:

Title:

**Signature:** \_\_\_\_\_

**Date:**

(mm/dd/yyyy)

Print Name:

Title:

Contact Person:

Daytime Phone Number:

Email:

*(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)*

**REQUIRED ATTACHMENTS TO INCLUDE WITH THE FILING:**

A copy of the **unfiled Articles of Dissolution (or similar)** you will submit to your foreign jurisdiction after the continuance has been processed in Wyoming.

A **certified copy of its original articles of organization (or similar) and all amendments** currently certified within the last six (6) months by the proper officer of the state or nation of formation.

A copy of the company resolution authorizing continuance of the Limited Liability Partnership into Wyoming.

Note: Please **provide evidence showing the entity has been dissolved** after the continuation into Wyoming has been completed. Copies of the dissolution are acceptable and can be emailed to [business@wyo.gov](mailto:business@wyo.gov) or mailed in.



## Consent to Appointment by Registered Agent

I, \_\_\_\_\_, registered office located at  
(name of registered agent)

voluntarily consent to serve

\*(registered office physical address, city, state, & zip)

as the registered agent for  
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_  
(Shall be executed by the registered agent.)

**Date:** \_\_\_\_\_  
(mm/dd/yyyy)

Print Name:

Daytime Phone:

Title:

Email:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Registered Agent Mailing Address  
(if different than above):

**IMPORTANT:** If you are an existing registered agent and your existing address on record does not match what is provided on this form, a **Registered Agent Information Update** form is also required.