



**Wyoming Secretary of State**  
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For Office Use Only

## 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)*

Duration from the date of formation to present:

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:

Principal office address:

The partnership engages in the business specified below:

The partnership hereby registers as a registered limited liability partnership.

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

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

**& H U W L I L F D W L R Q** *(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).*

37. Execution:

**Signature:** aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

**Date:**

*(mm/dd/yyyy)*

**Print Name:**

**Witness:**

**Signature:** aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

**Date:**

*(mm/dd/yyyy)*

**Print Name:**

**Witness:**

**Signature:** aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

**Date:**

*(mm/dd/yyyy)*

**Print Name:**

**Witness:**

Contact Person:

Daytime Phone Number:

**Goal:**

*(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.