

**LIMITED LIABILITY COMPANY CERTIFICATE OF MEMBERS**

Exact legal name of Company: \_\_\_\_\_

State of Formation: \_\_\_\_\_

Company's Organization ID# (if any): \_\_\_\_\_

Company's Taxpayer ID #: \_\_\_\_\_

Does the Company have more than one place of business?  No  Yes

Address of Company's place of business (If Company has more than one place of business, then provide Chief Executive Office):

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

(initial appropriate blank below)

Company has Operating Agreement and a current/complete copy is attached; or  
 Company does not have Operating Agreement because it is a single-member entity;

Name(s) of all Managers (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of all Members	Units Owned	% of total Units Owned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Manager /Authorized Member

\_\_\_\_\_  
Printed Name