

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**RENEWAL APPLICATION OF A SOUTH CAROLINA
REGISTERED LIMITED LIABILITY PARTNERSHIP**

TYPE OR PRINT CLEARLY IN BLACK INK

The following registered limited liability partnership applies to renew its status as a registered limited liability partnership pursuant to Section 33-4-1-1110 of the 1976 South Carolina Code of Laws, as amended. This renewal is effective only for one year.

1. The name of the registered limited liability partnership is _____

_____.

(Section 33-41-1120 of the 1976 South Carolina Code of Laws, as amended, requires that the name of a registered limited liability partnership must contain the words "Registered Limited Liability Partnership" or the abbreviation "L.L.P." as the last words or letters of its name.)

2. The business in which the registered limited liability partnership engages is

(Provide only a brief statement)

3. The street address of the initial registered office of the registered limited liability partnership is

Street Address

City County State Zip Code

and the initial registered agent of the limited liability partnership at that office is _____

Print Name

I hereby consent to the appointment as registered agent.

Agent's Signature

(Section 33-41-1110(A) of the 1976 South Carolina Code of Laws, as amended, requires that this office be maintained.)

4. If the registered limited liability partnership's principal office is not located in South Carolina, specify the address of the principal office:

Street Address

City County State Zip Code

5. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:_____
- _____
6. The registered limited liability partnership has the following number of partners _____.
7. The registered limited liability partnership has complied with all the requirements of Chapter 41 of Title 33 of the 1976 South Carolina Code of Laws, as amended, which are required of it to be a registered limited liability partnership. The partner or partners executing this application constitute more than a majority in interest of the partners or are otherwise authorized to execute this application.

Date _____

Signature

Type or Print Name

Signature

Type or Print Name

Signature

Type or Print Name

NOTE

THIS RENEWAL REGISTRATION IS EFFECTIVE FOR ONE YEAR AFTER THE EFFECTIVE DATE OF THE ORIGINAL APPLICATION (OR ANY PRECEDING RENEWALS). REGISTRATION AS A REGISTERED LIMITED LIABILITY PARTNERSHIP IS RENEWED IF DURING THE SIXTY DAY PERIOD PRECEDING THE DATE THE ORIGINAL OR A RENEWAL APPLICATION OTHERWISE WOULD EXPIRE THE PARTNERSHIP FILES WITH THE SECRETARY OF STATE A RENEWAL APPLICATION FOR THE SUBSEQUENT YEAR. A RENEWAL APPLICATION EXPIRES ONE YEAR AFTER THE DATE THE ORIGINAL OR LAST FILED RENEWAL APPLICATION WOULD HAVE EXPIRED IF THE LAST RENEWAL OF THE APPLICATION HAD NOT OCCURRED.

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk, which will allow for expansion of space on the form.
3. The application must be executed by a majority in interest of the partners or by one or more partners authorized to execute this application.
4. This form must be accompanied by the filing fee of \$100.00, payable to the Secretary of State.
5. Attach a stamped, self-addressed envelope, addressed to the principal office of the partnership and directed to the partner who is responsible for filing any renewal of this application.

Return to: Secretary of State
PO Box 11350
Columbia SC 29211