

# Office of the Minnesota Secretary of State

## Limited Liability Partnership | Annual Renewal

Minnesota Statutes, Section 5.34



**Must be filed by December 31**

**Read the instructions before completing this form.**

**Filing Fee for Renewal: \$155 for expedited service in-person and online filings, \$135 if submitted by mail**

**Filing Fee for Reinstatement: \$180 for expedited service in-person and online filings, \$160 if submitted by mail**

**Current Information on File: (If changes are needed, see instructions for further details.)**

1. File Number: \_\_\_\_\_ 2. Home Jurisdiction: (Required) \_\_\_\_\_

3. Partnership Name: (Required)  
\_\_\_\_\_

4. Alternate Name used in Minnesota, if any: (Foreign Partnerships Only)  
\_\_\_\_\_

5. Chief Executive Office Address: (Required)

\_\_\_\_\_  
Street Address (A PO Box by itself is not acceptable) City State Zip

6. If the chief executive office address is not in Minnesota list the address, if any of a partnership office in Minnesota:

\_\_\_\_\_  
Street Address (A PO Box by itself is not acceptable) City State Zip

7. Registered Agent/ Registered Office Address, if any:

Agent's Name: \_\_\_\_\_

\_\_\_\_\_  
Street Address (A PO Box by itself is not acceptable) City State Zip

8. If an Agent is listed, is the Agent for Service an Individual? Yes ☐ No ☐

**If you checked "No", provide the Name, Street and Mailing Address, and Telephone Number of an individual who may be contacted for purposes other than service of process with respect to the limited liability partnership:**

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Street (A PO Box by itself is not acceptable) City State Zip

*If different from above, list the mailing address of the individual listed:*

\_\_\_\_\_  
Street City State Zip

### Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

☐ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**NOTICE: Failure to file this form by December 31 of this year will result in the revocation of the statement of qualification of this limited liability partnership without further notice from the Secretary of State, pursuant to Minnesota Statutes, section 323A.1003.**

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**List a name and daytime phone number of a person who can be contacted about this form:**

\_\_\_\_\_

Contact Name

\_\_\_\_\_

Phone Number

**Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.**

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

Yes ☐ No ☐

### Minnesota Business Snapshot

To better serve Minnesotans, the Secretary of State's Office has created the "Minnesota Business Snapshot," a short and simple survey produced with the input of business owners, business organizations, non-profits, and researchers from across the state. These five questions will take less than three minutes to complete, and you may answer any or all of them. There is no penalty if you choose not to provide this information. However, the answers you do provide will create a useful pool of information for potential customers and inform the analysis of our quarterly "Minnesota Economic and Business Condition Reports". We do not independently verify the answers applicants provide. **Again, this survey is voluntary and the answers are considered public data.** Thank you.

1. (Select up to one) - How many Minnesota – based full time employees (or FTE equivalents) does this entity currently have?

- ☐ 0-5
- ☐ 6-50
- ☐ 51-200
- ☐ 201-500
- ☐ Over 500

2. (Select all that apply) - Does the owner or a member of the ownership group of this entity self-identify as a member of any of the following communities?

- ☐ Woman
- ☐ Member of a community of color
- ☐ Veteran
- ☐ Member of a disability community
- ☐ Member of an immigrant community

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3. (Select up to one) - Using NAICS codes below, please select the code that best describes this entity. If you believe this entity falls into more than one category, please select the category that generates the majority of the entity's revenue.

- ☐ Agriculture, Forestry, Fishing and Hunting (Code 11)
- ☐ Mining (Code 21)
- ☐ Utilities (Code 22)
- ☐ Construction (Code 23)
- ☐ Manufacturing (Codes 31-33)
- ☐ Wholesale Trade (Code 42)
- ☐ Retail Trade (Codes 44-45)
- ☐ Transportation and Warehousing (Codes 48-49)
- ☐ Information (Code 51)
- ☐ Finance and Insurance (Code 52)
- ☐ Real Estate Rental and Leasing (Code 53)
- ☐ Professional, Scientific, and Technical Services (Code 54)
- ☐ Management of Companies and Enterprises (Code 55)
- ☐ Administrative and Support and Waste Management and Remediation Services (Code 56)
- ☐ Educational Services (Code 61)
- ☐ Health Care and Social Assistance (Code 62)
- ☐ Arts, Entertainment, and Recreation (Code 71)
- ☐ Accommodation and Food Services (Code 72)
- ☐ Other Services (except Public Administration) (Code 81)
- ☐ Public Administration (Code 92)

4. (Select up to one) Is this entity a full time or part time endeavor for those primarily responsible for operating this entity?

- ☐ Full time
- ☐ Part time

5. (Select up to one) - If applicable, what were this entity's gross revenues for the past year?

- ☐ \$0 - \$10,000
- ☐ \$10,001 - \$50,000
- ☐ \$50,001 - \$250,000
- ☐ \$250,001 - \$1M
- ☐ Over \$1M

## INSTRUCTIONS

File your business document online by visiting our website at <http://mblsportal.sos.state.mn.us/Business/Search>.

All limited liability partnerships governed under *Minnesota Statutes*, Chapter 323A are required to file an annual renewal once every calendar year. Filing this Annual Renewal does not satisfy any other legal requirement. If Minnesota statutes or rules require a filing with another office, you must submit that filing separately.

If changes to name or address are necessary, a "Statement of Amendment" form must be completed and included along with the annual renewal form and the applicable filing fee.

- 1. File Number:** Provide the file number issued by the Minnesota Secretary of State.
- 2. Home Jurisdiction:** (Required) List the state or jurisdiction in which this organization is organized.
- 3. Partnership Name:** (Required) Provide the name of the partnership in the jurisdiction in which it is organized.
- 4. Alternate Name used in Minnesota, if any:** (Foreign Partnerships Only) List the Alternate Name used in Minnesota, if applicable.
- 5. Chief Executive Office Address:** (Required) List the address where the chief executive office is located.
- 6. Partnership Office in Minnesota:** If the chief executive office address is not in Minnesota, and there is a partnership office in Minnesota, list that address here.
- 7. Registered Agent and Registered Office Address, if any:** If applicable, list the agent and registered office address in Minnesota.
- 8. Is the Agent for Service an Individual?** Check Yes or No accordingly if an agent is on record. If you checked "No", provide the name, complete street address (a PO Box is not acceptable), mailing address (if different then the street address), and phone number of an individual who may be contacted for purposes other than service of process with respect to the limited partnership.

**Email Address for Official Notices.** This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime telephone number of a person who can be contacted about this form.**

**Minnesota Business Snapshot.** This information is a snapshot of data at the point of time this filing was made. This information is voluntary and may be shared with other agencies or the public for data analysis.

**Filing Fee: \$155 for expedited service in-person and online filings, \$135 if submitted by mail**

**Payable to the MN Secretary of State**

Note: An entity that has been dissolved by our office for failure to file an annual renewal, may retroactively reinstate its existence by filing the current year's renewal and paying a \$160 fee if submitted by mail, \$180 for expedited service in-person and online filings.

Please submit all items together and mail to the address below:

### FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services  
Retirement Systems of Minnesota Building  
60 Empire Drive, Suite 100  
St Paul, MN 55103

(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.