Secretary of State
State of Oklahoma

20___

LIMITED LIABILITY COMPANY ANNUAL CERTIFICATE

LLC Name:

Filing Number: _____

Anniversary Date: _____

FILING FEE: $25.00

In accordance with Title 18, Section 2055.2, **EVERY** domestic and foreign limited liability company (LLC) registered to do business in Oklahoma shall file a certificate each year in the Office of the Secretary of State, on the anniversary date of its registration.

1. The limited liability company is currently an active business. (Check one.) ☐ YES ☐ NO

2. Street address of its principal place of business, wherever located:

Street Address (P.O. Boxes are **NOT** acceptable.) City & State Zip Code

3. **E-MAIL** address of the primary contact for the LLC:

Email address is REQUIRED in order to receive future annual certificate notices.

A limited liability company that neglects, refuses or fails to file the annual certificate within sixty (60) days after the due date shall cease to be in good standing as a domestic limited liability company or registered as a foreign limited liability company in this state.

Signature of a Member or Manager

Print Name & Title of Signer

Date

To ensure proper credit and maintain the active status of the Limited Liability Compnay, complete and submit this Annual Certificate together with a check or money order in the amount of $50.00, made payable to the Oklahoma Secretary of State.

Mail this form with check or money order to:
Oklahoma Secretary of State
421 NW 13th Street, Suite 210
Oklahoma City OK 73103

buisness.sos.ok.gov

Telephone: (405) 522-2520

Oklahoma Secretary of State
Request to receive
documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)