



TOWN OF LEESBURG
FINANCE DEPARTMENT

LIMITED LIABILITY COMPANY ATTACHMENT

Company Name: _____

Purpose: _____

LLC Tax Identification # (FEIN): _____

Managing Member: _____ **SS#:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Member: _____ **SS#:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Member: _____ **SS#:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Registered Agent: _____ **SS#:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Please attach separate listing for additional members.

Date Articles of Organization Recorded:

Place Recorded:

YOU MUST ATTACH PROOF OF SCC REGISTRATION & CERTIFICATION.