

**STATE OF ALABAMA
FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP
(LLLP) STATEMENT OF CORRECTION**

PURPOSE: This Statement is to be used to correct an “incorrect” statement in a Foreign Limited Liability Limited Partnership Statement of Correction pursuant to 10A-1-7.06, Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) completed Statement of Corrections and the \$25.00 Standard filing OR \$125.00 for expedite filing (process within 24 hours) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616** or You may email this application to foreign.entities@sos.alabama.gov if you are paying by credit card; you will need to authorize a \$4.00 copy fee to receive an acknowledgement copy unless you are expediting the process. If a copy is provided / paid the acknowledgement will be returned via USPS or Email. The correction will not be filed if the credit card fails to authorize and the filing will be removed from the index if the check is dishonored (\$30 fee). All processing instructions are complete in this form and Payment Option Sheet; cover letters are not necessary and will not be reviewed.



(For SOS Office Use Only)

This form must be typed or laser printed.

_____ Copy of original filed (stamped by AL SOS) Foreign Limited Liability Limited Partnership Statement of Authority is attached. If you attach the copy of the filed Statement of Authority, you do not have to complete Items 1 and 2 below.

1. Alabama Entity ID Number (Format: 000-000): _____ - _____

INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: If you do not have this number immediately available (it is on the face of your original filed Certificate of Authority), you may obtain it on our website at www.sos.alabama.gov Business Services, Business Entity Search, Search by Entity Name, enter the registered name of the Partnership in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

2. The legal entity name of the Partnership registered in Alabama:

3. Specify the incorrect information and the reason it is incorrect or the manner in which the signing was defective (specify attachment if necessary):

**FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CORRECTION (LLLP)**

4. Correct the incorrect information or defective signature (specify attachment if necessary):

Date

Typed or Printed Name of General Partner Signing Document

Signature of General Partner

Secretary of State Payment Option Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. If you are expediting and opt for the email return of documents the credit card receipt will be emailed with the document. Hold for pickup request – acknowledgement copy will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee and expedite fee but will not show convenience fees which will be charged; (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed or laser printed on a computer.

Entity Name: _____

Service Requested: _____ \$25.00 Correction filing fee
 _____ \$4.00 Copy Fee (Acknowledgement Copy if submitted by email and Copy desired.) Sent by standard mail.
 _____ \$100.00 Expedited Processing fee (includes email copy)
 (Processed with 24 hours after receipt of filing)

Hold at Front Desk for Pick-up for: _____
(Service providers who run couriers for pick-up – we do not have a call for pick-up service)

*Email filing to: _____
(ONLY for expedited filings) 1-email No paper copy will be mailed

_____ Check is attached - Please make one check payable for the total amount of the fees (i.e., \$125. if you are requesting expedited service) to the Alabama Secretary of State.

_____ Charge fees to prepaid account: Account Number _____
and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____
Street or PO

City State Zip

Signature of Card Holder: _____
MUST be Signature of Card Holder