

STATE OF ALABAMA

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

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 one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$100.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616**. or you may email the filing to foreign.entities@sos.alabama.gov **If you are submitting this filing via email and would like a copy returned to you, check \$4.00 copy fee on the credit card payment form.** If the credit card does not authorize or if the check is dishonored, the filing will be removed from the index and of no legal effect. In the case of a dishonored check, a \$30 fee will be charged.

This form must be typed

_____ 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): _____ - _____ **TO OBTAIN ID NUMBER** Go to our website at www.sos.alabama.gov click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

2. The legal entity name of the Partnership as 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):

This form was prepared by: (type name and full address)

(For SOS Use Only)

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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 Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing or return email address, you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

AL Entity ID #, required for all filings other than formation/registration: _____ - _____ (ex: 000-000)

Service Requested: \$100.00 Correction filing fee

\$4.00 Copy Fee (Acknowledgement Copy if submitted by email)

If submitted by email check one: Return by email postal mail

Return via email (paper copy will not be sent): _____

Hold at Front Desk for Pick-up by: _____

There is no notification service/call for pick-up. (Service providers who run couriers for pick-up)

Choose one of the following:

Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

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 BOX

City

State

Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder