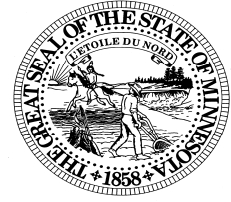


Office of the Minnesota Secretary of State

Limited Liability Company | Annual Renewal

Minnesota Statutes, Section 5.34



Must be filed by December 31

Read the instructions before completing this form.

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

1. File Number: _____ 2. Home Jurisdiction: _____

3. Business Name: (Required) _____

4. Alternate Name used in Minnesota, if any: (Foreign Limited Liability Companies Only)

5. Registered Agent and Office Address: (Required)

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

Agent's Name: (if applicable) _____

6. Principal Executive Office Address: (Required)

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

7. Name and business address of manager or other person exercising the principal functions of the chief manager of the limited liability company: (Required)

Name

Street Address 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.

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

NOTICE: Failure to file this form by December 31 of this year will result in the termination or revocation of this limited liability company without further notice from the Secretary of State, pursuant to Minnesota Statutes, 322C.0705.

Office of the Minnesota Secretary of State

Minnesota Limited Liability Company | Annual Renewal

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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
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 <https://mblsportal.sos.mn.us/Business/Search>

All limited liability companies governed under *Minnesota Statutes*, Chapter 322C 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 the name or registered agent and office address are necessary, an amendment form along with the annual renewal form and applicable filing fee is required. Changes to the principal executive office address and manager's name and address can be made once a year by filing the annual renewal form with our office.

- 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. Business Name:** (Required) Provide the name of the organization in the jurisdiction in which it is organized.
- 4. Alternate Name used in Minnesota, if any:** (Foreign Limited Liability Companies Only) List the Alternate Name used in Minnesota, if applicable.
- 5. Registered Agent, if any and Registered Office Address:** (Required) List the current registered agent, if any and registered office address.
- 6. Principal Executive Office Address:** (Required) A complete street address or rural route and rural route box number is required. A post office box alone is not acceptable.
- 7. Name and Business Address of Manager:** (Required) Fill in the name and complete business address of the manager or other person exercising the principal functions of the chief manager of the limited liability company.

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.

There is no fee for filing the annual renewal if the entity is active and in good standing. 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 \$25 fee if submitted by mail, \$45 for expedited service in-person and online filings.

Payable to the MN Secretary of State.

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

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services
First National Bank Building
332 Minnesota Street, Suite N201
Saint Paul, MN 55101

(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.