



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

CORP

FOR DIVISION USE ONLY

Corporations Section

PO Box 110806, Juneau, AK 99811

Website: Corporations.Alaska.Gov

Change of Officials

Limited Liability Company (AS 10.50)

This Change of Officials form is only for Limited Liability Companies and is used to report changes between biennial reporting periods in: members, managers, and percentage of interest held.

This Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due date, go online to Corporations.Alaska.Gov and select *Search Corporations Database*.

Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.

The information you submit is a public record and will be posted on the State's website.

IMPORTANT

Each Limited Liability Company is required to notify this office when there is a change of officials. — AS 10.50.765

PART I Payment of Fees

Required Fees:

Nonrefundable Filing Fee

\$25.00

PART II Entity Information

Entity Name:

Alaska Entity
Number:

PART III Officials Removed

- I understand any Members and/or Managers not listed in Part IV below are removed from record as a result of this filing.
- The name and title of all previous Members or Managers are publicly available in the last Biennial Report or Change of Officials form at www.Corporations.Alaska.Gov and click *Search Corporations Database*.

PART IV ALL Current Officials

The following is a complete list of ALL current and new officials who will be on record as a result of this filing. Any previous Members or Managers not listed in this section will be removed from record.

- An LLC must have at least one member who owns a % of the LLC.
- Must provide all members who own 5% or more of the LLC.
- Members must own a % of the LLC. A member may be a manager if the LLC is manager managed.
- If the LLC is Manager-Managed (designated in the Articles of Organization or Certificate of Registration), then you must list at least one Manager. If applicable, a Manager may also be a Member.

List ALL officials and their current information to be on record <i>Print additional pages, if necessary.</i>		% Owned	Member	Manager
Legal Name:			<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:				
Legal Name:			<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:				
Legal Name:			<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:				
Legal Name:			<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:				
Legal Name:			<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:				
Legal Name:			<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:				
Legal Name:			<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:				
Legal Name:			<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:				
Legal Name:			<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:				
Legal Name:			<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address:				

PART V Signature

Change of Officials must be signed by: a member; or a manager if manager managed; or an attorney-in-fact. Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Printed Name:		Title:*	
Signature:		Date Signed:	

**If signing on behalf of a member or manager which is an entity, then identify the signer's relationship and signing authority with the member entity. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.*



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Contact Information

Return this form with your filing.

- This information may be used by the Division to assist with processing your attached filings.
- This form will not be filed for record or appear online.

PART I Entity Information

Enter your entity information as it appears on this filing.

Entity Name:

Alaska Entity Number:

PART II Contact Information

Whom may we contact with any questions or problems with this filing?

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip

Email Address:

Phone Number:

PART III Document Return Address

- Return my filings to the address provided ABOVE.
- Return my filings to this address provided BELOW:

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip



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ADM

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State of Alaska
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		