

Virginia State Bar

1111 East Main Street, Suite 700
Richmond, Virginia 23219-3565
(804) 775-0530



AUTHORITY: RULES OF THE
SUPREME COURT OF VIRGINIA
PART SIX, SECTION IV,
PARAGRAPH 14:
LIMITED LIABILITY ENTITIES
(RULES FOR INTEGRATION
OF THE VIRGINIA STATE BAR)
216 VA. 1159; 219 VA. 507

IF PRACTICING FEDERAL
LAW ONLY, LIST TYPE
(IMMIGRATION, PATENT,
ETC.) HERE.

APPLICATION FOR AMENDED

CERTIFICATE OF REGISTRATION

FOR

PROFESSIONAL LIMITED LIABILITY COMPANY

DATE _____

(Effective date of application will be date application form and accompanying documents
are received by the Virginia State Bar unless otherwise requested in writing.)

1. a. NAME OF PROFESSIONAL LIMITED LIABILITY COMPANY _____

Mailing Address _____

_____ Zip Code _____

Phone (____) _____ Fax (____) _____

b. STATUTORY AUTHORITY: Professional Limited Liability Co. Act, (Ch.13, Title 13.1, Code of Virginia, as amended)

c. NAME OF PREDECESSOR ORGANIZATION (if applicable):

Name _____

Address _____

2. NAME OF REGISTERED AGENT AND ADDRESS _____

_____ Zip Code _____

3. STATEMENT RE VIRGINIA STATE BAR MEMBERSHIP:

All managers are members of the Virginia State Bar and duly licensed to practice law in Virginia.

_____ YES _____ NO (check one)

If answer is NO list names of partners not licensed to practice law in Virginia.

<i>Name</i>	<i>Address</i>	<i>Zip Code</i>
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4. MANAGERS OF PROFESSIONAL LIMITED LIABILITY COMPANY *who will practice law in Virginia*: (MUST BE ACTIVE MEMBERS OF THE VIRGINIA STATE BAR IN GOOD STANDING OR OTHERWISE LEGALLY AUTHORIZED TO PRACTICE LAW IN VIRGINIA)

<i>Name</i>	<i>Address</i>	<i>VSB I.D. No.</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach supplemental sheet if necessary)

5. MEMBERS OF PROFESSIONAL LIMITED LIABILITY COMPANY *who will practice law in Virginia*: (MUST BE ACTIVE MEMBERS OF THE VIRGINIA STATE BAR IN GOOD STANDING OR OTHERWISE LEGALLY AUTHORIZED TO PRACTICE LAW IN VIRGINIA)

<i>Name</i>	<i>Address</i>	<i>VSB I.D. No.</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach supplemental sheet if necessary)

6. MANAGER AUTHORIZED TO FILE THIS APPLICATION:

Name _____

Address _____

Signature

PLEASE SIGN AND RETURN TO VIRGINIA STATE BAR.