

MANAGER STRUCTURE ATTACHMENT

1. ENTITY NAME – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

2. A.C.C. FILE NUMBER (if known):

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. Check one box only to indicate what document the Attachment goes with:

- Articles of Organization Articles of Amendment
 Application for Registration Articles of Amendment to Application for Registration

4. MANAGERS / MEMBERS – give the name and address of each and every **manager** and list all **members who own 20% or more** of the profits or capital of the LLC. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed – *do not check both member boxes*. If more space is needed, use another [Manager Structure Attachment](#) form.

Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City		State or Province	Zip	City	
Country	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> 20% or more member
<input type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member	<input type="checkbox"/> Less than 20% member	<input type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member	<input type="checkbox"/> Less than 20% member
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City		State or Province	Zip	City	
Country	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> 20% or more member
<input type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member	<input type="checkbox"/> Less than 20% member	<input type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member	<input type="checkbox"/> Less than 20% member
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City		State or Province	Zip	City	
Country	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> 20% or more member	<input type="checkbox"/> 20% or more member
<input type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member	<input type="checkbox"/> Less than 20% member	<input type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member	<input type="checkbox"/> Less than 20% member