

# Limited Liability Company Instructions



Wyoming Secretary of State ♦ 2020 Carey Avenue, Suite 700 ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

<http://soswy.state.wy.us>

## Before Filing Please Note

---

- One **originally signed** Articles of Continuance and one **originally signed** Consent to Appointment by Registered Agent form must be submitted.
- Reference the checklist at the bottom of the Articles for a detailed list of the required attachments.
- The name must include the words “Limited Liability Company,” or its abbreviations “LLC,” “L.L.C.,” “Limited Company,” “LC,” “L.C.,” “Ltd. Liability Company,” “Ltd. Liability Co.,” or “Limited Liability Co.”
- Filing fee of \$100.00.** Make check or money order payable to Wyoming Secretary of State.
- Please provide at least one e-mail address in the Articles of Continuance. The provided e-mail address is used *only* to send you a certificate of evidence and annual report reminders.
- Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.



## You're Ready to Mail in Your Documents!

- ♦ **Typical processing time is 3-5 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wy.gov> to see what day is currently being processed.

## Additional Contact Information

---

- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
  - Ph. 307.777.2843 OR <http://www.wyomingbusiness.org/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
  - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
  - <https://www.irs.gov/Filing>



**Ed Murray**  
**Wyoming Secretary of State**  
 2020 Carey Avenue, Suite 700  
 Cheyenne, WY 82002-0020  
 Ph. 307.777.7311  
 Fax 307.777.5339  
 Email: [Business@wyo.gov](mailto:Business@wyo.gov)

For Office Use Only

## Foreign Limited Liability Company Articles of Continuance

Pursuant to W.S. 17-29-1010 of the Wyoming Limited Liability Act, the undersigned hereby submits the following Articles of Continuance:

1. Name of the limited liability company:

2. Organized under the laws of:

*(State or country)*

3. Date of organization:

*(Date – mm/dd/yyyy)*

4. Mailing address of the limited liability company:

5. Principal office address:

6. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

7. The limited liability company will abide by the constitution and laws of Wyoming.

**Signature:** \_\_\_\_\_  
(*Shall be executed by a member, manager, or other authorized individual as set forth in the operating agreement.*)

**Date:**   
(*mm/dd/yyyy*)

Print Name:

Contact Person:

Title:

Daytime Phone Number:

Email:

(*Email provided will receive annual report reminders and filing evidence*)  
*\*May list multiple email addresses*

**REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING:**

A **certified copy of its original articles of organization and all amendments** currently certified within the last six (6) months by the proper officer of the state or nation of formation.

A copy of the **company resolution** authorizing continuance of the Limited Liability Company into Wyoming.

Note: Please **provide evidence showing the entity has been dissolved** after the continuation into Wyoming has been completed. Copies of the dissolution are acceptable and can be emailed to [Business@wyo.gov](mailto:Business@wyo.gov) or mailed in.



## Consent to Appointment by Registered Agent

I, , registered office located at  
*(name of registered agent)*

voluntarily consent to serve

\* *(registered office physical address, city, state & zip)*

as the registered agent for   
*(name of business entity)*

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)*

**Date:**   
*(mm/dd/yyyy)*

Print Name:  Daytime Phone:

Title:  Email:

Registered Agent Mailing Address  
(if different than above):

**\* If this is a current registered agent changing their registered address on file, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)*

**Date:**   
*(mm/dd/yyyy)*