



LLC FORMATION

2025

General Information

Principal Owner

First Name _____
Middle Initial _____ Suffix _____
Last Name _____
Social Security Number _____
Date of Birth _____
Principal Business _____
Cell Phone _____
e-mail _____
Registered Agent? YES _____ NO _____

Secondary (if applicable)

First Name _____
Middle Initial _____ Suffix _____
Last Name _____
Social Security Number _____
Date of Birth _____
Principal Business _____
Cell Phone _____
e-mail _____
Registered Agent? YES _____ NO _____

(Select only one agent)

*** None of your personal information is sold or shared.**

Business Address

Street Address _____ Apt. # _____
City _____ State _____ Zip Code _____

Mailing address: MUST be a physical address located in Texas

Business Name Choices

1. _____
2. _____
3. _____

*Are you registered in any county in Texas as a DBA? YES _____ NO _____

*List 3 name choices in order of preference

*Choose name wisely, any name changes will cost an additional \$150 through the S.O.S

Credit/Debit Card Information: **This will be used for our fees as well as the filing fees with the state.**

Type of Card: (MC, VS, etc.): _____
Name on Card: _____
Card Number: _____
Exp Date: _____ CVV Security Code: _____
Billing Address for card: _____

*There is a 2.7% card fee from the Secretary of State

*Our fees will be charged at the time this form received

We are committed to protecting your Personally Identifiable Information (PII). We offer Client Xchange as our only secure method of submitting your tax forms/documents with PII. We are unable to ensure the security of PII sent via alternative methods and therefore cannot be held responsible for such transmissions.