## **FORM LLC**

LIMITED LIABILITY COMPANY	Development Name:	
	City:	, S.C.
Name of LLC:		g:For ProfitNon-Profit
Address:		
City State		
Tax ID Number:	or date applied for:	
Membership		Percentage of Ownership
1. Manager (if any):		
Address:		
City, State, Zip:		%
Oky, Clate, 2.p.		
2. Member Name:		
Address:		0/
City, State, Zip:		%
3. Member Name:		
Address:		%
City, State, Zip:		
4. Member Name:		
Address:		
		%
City, State, Zip:		
5. Member Name:		
Address:		
City, State, Zip:		%
6. Member Name:		
Address:		%
City, State, Zip:		

**NOTE**: This form must be completed for each LLC that is involved in the proposed development. If any of the Members are Corporations, Limited Liability Companies, or Limited Partnerships then you must also complete, in addition to this form, one or more of the following, as applicable: FORM CORP, FORM LP, and/or FORM LLC. All necessary forms must be submitted so as to ascertain the Principals of the development.