

PLEASE COMPLETE FORM AND RETURN BY FAX OR E-MAIL  
FAX: 540-301-5824 E-MAIL: attorney@vacountrylawyer.com

**LIMITED LIABILITY COMPANY (LLC) FORMATION**  
**INFORMATION FORM**

Please fill out this form as completely as possible. **Please print clearly.** The information on this form and what you tell the attorney is held in the strictest confidence. This is an important aspect of an attorney-client relationship.

**I. INFORMATION ABOUT YOU:**

Full name \_\_\_\_\_  
Address:  
Street and number \_\_\_\_\_  
City \_\_\_\_\_  
County \_\_\_\_\_  
State, zip \_\_\_\_\_  
Telephone (work) \_\_\_\_\_  
Telephone (home) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Fax number \_\_\_\_\_

**II. INFORMATION TO FORM YOUR LLC:**

Proposed name of Limited Liability Company (see note below):

\_\_\_\_\_

The Limited Liability Company's Principal Address:

Street and number \_\_\_\_\_  
City \_\_\_\_\_  
County \_\_\_\_\_  
State, zip \_\_\_\_\_

**Note: The limited liability name must contain the words "limited company" or "limited liability company," or the abbreviation "L.C.," "LC," "L.L.C.," or "LLC." The proposed name must be distinguishable upon the records of the Commission.**

**The Virginia Country Lawyer, PLC**  
9456 Reynolds Road, Locust Grove, VA 22508 / [www.vacountrylawyer.com](http://www.vacountrylawyer.com)  
540-854-5686 (Phone) / 540-301-5824 (Fax) / attorney@vacountrylawyer.com (E-mail)