

Please type or print

LIMITED LIABILITY COMPANY REAL PROPERTY MANAGER'S
AFFIDAVIT FOR INDEPENDENCE, MISSOURI

Pursuant to §347.048 RSMo.

AFFIDAVIT OF DESIGNATING MANAGER

STATE OF _____ }
COUNTY OF _____ }

Limited Liability Company Name (as it appears in the Articles of Organization):

The undersigned, having been duly sworn and under oath, hereby states that he or she is the person who has management control and responsibility for the real property owned and rented or leased or owned and unoccupied by the limited liability company stated above.

My current address for which I may receive notices is as follows:

(Street Address - *Must be a street address, no PO Box*) (City) (State) (Zip)

I understand that I must update this registration within thirty days following the cessation of management control and responsibility. I further understand that I must update this registration should there be a change in my address.

Signed

SSN

Date of Birth

Printed or typed name of natural person (First, MI, Last)

Subscribed and sworn to before me, a notary public, on this _____ day of _____, 20____.

Notary Public

My commission expires: _____

*** Should you wish to provide for emergency contact: Phone: _____

and/or Email: _____