

# Virginia State Bar

Eighth & Main Building  
707 East Main Street, Suite 1500  
Richmond, Virginia 23219-2800



AUTHORITY: RULES OF THE  
SUPREME COURT OF VIRGINIA  
PART SIX, SECTION IV,  
PARAGRAPH 14:  
LIMITED LIABILITY ENTITIES  
(RULES FOR INTEGRATION  
OF THE VIRGINIA STATE BAR)

APPLICATION FOR  
AMENDED  
CERTIFICATE OF REGISTRATION  
FOR  
PROFESSIONAL LIMITED LIABILITY COMPANY

DATE \_\_\_\_\_

(Effective date of application will be date application form and accompanying documents are received by the Virginia State Bar unless otherwise requested in writing.)

1. a. NAME OF PROFESSIONAL LIMITED LIABILITY COMPANY \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

b. STATUTORY AUTHORITY: Professional Limited Liability Co. Act , (Ch.13, Title 13.1, Code of Virginia, as amended)

c. NAME OF PREDECESSOR ORGANIZATION (if applicable):

Name \_\_\_\_\_

Address \_\_\_\_\_

2. NAME OF REGISTERED AGENT AND ADDRESS \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

3. STATEMENT RE VIRGINIA STATE BAR MEMBERSHIP:

All managers are members of the Virginia State Bar and duly licensed to practice law in Virginia.

\_\_\_\_\_ YES \_\_\_\_\_ NO (check one)

If answer is NO list names of partners not licensed to practice law in Virginia.

*Name* \_\_\_\_\_ *Address* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. MANAGERS OF PROFESSIONAL LIMITED LIABILITY COMPANY *who will practice law in Virginia*: (MUST BE ACTIVE MEMBERS OF THE VIRGINIA STATE BAR IN GOOD STANDING)

<i>Name</i>	<i>Address</i>	<i>VSB I.D. No.</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach supplemental sheet if necessary)

5. MEMBERS OF PROFESSIONAL LIMITED LIABILITY COMPANY *who will practice law in Virginia*: (MUST BE ACTIVE MEMBERS OF THE VIRGINIA STATE BAR IN GOOD STANDING)

<i>Name</i>	<i>Address</i>	<i>VSB I.D. No.</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach supplemental sheet if necessary)

6. MANAGER AUTHORIZED TO FILE THIS APPLICATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature

PLEASE SIGN AND RETURN TO VIRGINIA STATE BAR.