

# Virginia State Bar

1111 East Main Street, Suite 700  
Richmond, Virginia 23219-3565  
(804) 775-0530



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)  
216 VA. 1159; 219 VA. 507

IF PRACTICING FEDERAL  
LAW ONLY, LIST TYPE  
(IMMIGRATION, PATENT,  
ETC.) HERE.

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 OR OTHERWISE LEGALLY AUTHORIZED TO PRACTICE LAW IN VIRGINIA)

<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 OR OTHERWISE LEGALLY AUTHORIZED TO PRACTICE LAW IN VIRGINIA)

<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.