

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

REGISTERED LIMITED LIABILITY PARTNERSHIP

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 REGISTERED LIMITED LIABILITY PARTNERSHIP _____

Mailing Address _____

Zip Code _____

Phone (____) _____ Fax (____) _____

b. STATUTORY AUTHORITY: Registered Limited Liability Partnership Act (Article 7, Chapter 1, Title 50, 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 partners 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.

| <i>Name</i> | <i>Address</i> | <i>Zip Code</i> |
|-------------|----------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. PARTNERS OF THE REGISTERED LIMITED LIABILITY PARTNERSHIP *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. PARTNER AUTHORIZED TO FILE THIS APPLICATION:

Name _____

Address _____

Signature

PLEASE SIGN AND RETURN TO VIRGINIA STATE BAR.