



Department of
REVENUE AND TAXATION
Government of Guam

**Renewal of Annual
Limited Liability Partnership Registration**

NAME OF L.L.P. _____

Registration Number: _____

Address of Principal Office: _____

Resident Agent In Guam for Service of Process (If Address is not located in Guam) _____

Number of Partners: _____ ()

Any Material Changes in the information contained in the original Registration?

EXECUTED BY A MAJORITY IN INTEREST of the partners or by one or more
partners: (Signatures must be notarize)

Guam, U.S.A.

Subscribed and sworn to before me this _____ day of _____, 20_____.

FEE: _____

(\$250.00 PER PARTNER NOT TO EXCEED \$1,000.00)