



LIMITED LIABILITY COMPANY

This Limited Liability Company form should be completed for original applications or for changes of officers, managers, and members holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use the Business Packet for Reporting Changes (L-BRC). For individuals outside the United States, not holding a social security number check the "Out of Country" box.

For more information contact your local TABC office or visit us at: www.tabc.texas.gov

ENTITY INFORMATION

1. Federal Employer Identification Number (FEIN)

2. Business Entity Name

3. Filing Number

4. Member Managed or Manager Managed

Member Managed Manager Managed

5. Date Filed (mm/dd/yyyy)

State

Class and Number of Memberships or Units Issued

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION

Officer Manager Member

SSN Out of Country

Issuing State/DL No.

Date of Birth (mm/dd/yyyy)

Membership or Units Held

Last Name

First Name

MI

Title

Officer Manager Member

SSN Out of Country

Issuing State/DL No.

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LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION *CONTINUED* Officer Manager MemberSSN Out of Country Issuing State/DL No. Date of Birth (mm/dd/yyyy) Membership or Units Held

Last Name First Name MI Title

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IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE