

# DRAGNET

CREDIT AND TENANT SCREENING

PHONE: 386.676.7733 • FAX: 386.676.9522 • PO BOX 731207 • ORMOND BEACH, FL 32173 • INFO@DRAGNETCREDIT.COM • WWW.DRAGNETCREDIT.COM

## LLC INTAKE FORM

Please fill out the following form completely:

Proposed Name of LLC: \_\_\_\_\_

Alternate Name: \_\_\_\_\_

Type of Business \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

**The Registered Agent for your corporation or LLC must be located at a legal address (not a PO Box) within Florida. Your company's Registered Agent is required to be available at all times during normal business hours to receive documents and tax notices from the state and service of process from any legal proceedings. Failure to maintain a Registered Agent can result in loss of corporate or LLC status.**

Registered Agent Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

1: Manager/Director Name \_\_\_\_\_

Social Security \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2: Manager/Director Name \_\_\_\_\_

Social Security \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3: Manager/Director Name \_\_\_\_\_

Social Security \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By signing this form, I agree that Dragnet Credit and Tenant Screening Inc. is acting as my agent only and specifically for the purpose of forming the business entity as purposed above. This included working with the State of Florida, IRS, and any other Government entity necessary to complete formation of the purposed business.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_