

MEDINA LAW GROUP, P.A.

WILLS • ESTATES • TRUST

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Corporation / LLC Questionnaire

Corporate Name: _____

1st Choice: _____

2nd Choice: _____

Address of Corporation/LLC:

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-Mail _____

Directors/Members:

Name: _____ SSN: _____

Address: _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Cell _____

Name: _____ SSN: _____

Address: _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Cell _____

Name: _____ SSN: _____

Address: _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Cell _____

Officers/Manager of LLC (family relationships):

Name _____ SSN _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ Cell _____

Name _____ SSN _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ Cell _____

Name _____ SSN _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ Cell _____

Registered Agent:

Name _____ SSN _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ Cell _____

Stock/Value of property for LLC: _____

Incorporator/Organizing Member: _____

Business of the Corporation/LLC: _____

Where Business services will be performed: (cities, states) _____

Business advisors:

Name _____ Company _____

Capacity _____ Telephone _____

Name _____ Company _____

Capacity _____ Telephone _____

Name _____ Company _____

Capacity _____ Telephone _____

Documents needed for review:

1. Any agreements to be used in the business.
2. List of business assets
3. Deeds to any real property used in the business
4. Prior tax return if business was operated before LLC
5. Prior tax return of principal officer/member
6. Description of business activity
7. Description of number and type of employees
8. Copies of any licenses obtained for business