

NEBRASKA REAL ESTATE COMMISSION
1200 N Street, Suite 402
PO Box 94667
Lincoln, NE 68509-4667



Phone: 402-471-2004
Fax: 402-471-4492
Website: www.nrec.ne.gov
E-mail: realestate.commission@nebraska.gov

APPLICATION FOR REGISTRATION AS A LIMITED LIABILITY COMPANY

(Registration must be issued annually)

\$25.00 Registration Fee
FEES ARE NOT REFUNDABLE

Check here if this is the first filing for a new limited liability company

Please Print or Type

Name of Limited Liability Company _____
(must be the exact name as reserved or filed with the Secretary of State)

Will Perform Professional Services at: _____
Street Address City State Zip

Professional service for which limited liability company is formed: _____

Telephone Number : (_____) _____

MEMBERS

This section must be completed. List all members of the limited liability company (use additional sheets if needed) and indicate if member will render professional services requiring licensure under Nebraska Real Estate License Act.

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____
Will render professional services requiring licensure under the Nebraska Real Estate License Act ___ Yes ___ No

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____
Will render professional services requiring licensure under the Nebraska Real Estate License Act ___ Yes ___ No

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____
Will render professional services requiring licensure under the Nebraska Real Estate License Act ___ Yes ___ No

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____
Will render professional services requiring licensure under the Nebraska Real Estate License Act ___ Yes ___ No

(please complete reverse side)

MANAGER(S)

If applicable, list manager or managers of limited liability company (use additional sheets if needed) and indicate if manager(s) will render professional services requiring licensure under Nebraska Real Estate License Act.

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____
Will render professional services requiring licensure under the Nebraska Real Estate License Act Yes No

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____
Will render professional services requiring licensure under the Nebraska Real Estate License Act Yes No

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____
Will render professional services requiring licensure under the Nebraska Real Estate License Act Yes No

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____
Will render professional services requiring licensure under the Nebraska Real Estate License Act Yes No

PROFESSIONAL EMPLOYEES

Professional employees must be licensed in Nebraska to practice the profession for which the limited liability company was organized. List all professional employees of the limited liability company who are required by the State of Nebraska to be licensed (use additional sheets if needed).

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____

Full Name & License # (if applicable) _____
Residence - Street Address, City, State, Zip _____

Submission of this Application for Registration as a Limited Liability Company verifies that all statements and information provided herein are true and correct and may be used as necessary by the Nebraska Real Estate Commission if furtherance of assuring compliance with the laws it regulates.

DATE _____ SIGNATURE OF MEMBER OR MANAGER: _____

NAME & TITLE OF MEMBER/MANAGER: _____

Please Print or Type

CREDIT CARD PAYMENT OPTION: REMINDER - FEES ARE NOT REFUNDABLE

(Please note: debit cards are not accepted)

_____ Please charge my credit card for only this transaction. VISA MasterCard Discover

Credit Card Number _____

Card Expiration Date: Month _____ Year _____

Cardmember's Signature _____