

Please type or print

LIMITED LIABILITY COMPANY REAL PROPERTY MANAGER'S AFFIDAVIT  
FOR KANSAS CITY, MISSOURI

Pursuant to §347.048 RSMo.

AFFIDAVIT OF DESIGNATING MANAGER

STATE OF \_\_\_\_\_ }

\_\_\_\_\_ }

COUNTY OF \_\_\_\_\_ }

Limited Liability Company Name (as it appears in the Articles of Organization):

\_\_\_\_\_

The undersigned, having been duly sworn and under oath, hereby states that he or she is the person who has management control and responsibility for the real property owned and rented or leased or owned and unoccupied by the limited liability company stated above.

My current address for which I may receive notices is as follows:

\_\_\_\_\_  
(Street Address - *Must be a street address, no PO Box*) (City) (State) (Zip)

I understand that I must update this registration within thirty days following the cessation of management control and responsibility. I further understand that I must update this registration should there be a change in my address.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed or typed name of natural person

Subscribed and sworn to before me, a notary public, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

\*\*\* Should you wish to provide for emergency contact: Phone: \_\_\_\_\_

and/or Email: \_\_\_\_\_