

Business Power of Attorney for LLC Management

Date:

Principal Information

Name:

Title/Position:

LLC Name:

LLC Address:

Attorney-in-Fact

Name:

Title/Position (if applicable):

Address:

Powers Granted

Effective Date and Duration

Effective Date:

Expiration Date (if any):

Special Instructions or Limitations

Signature

Principal Signature:

Date:

Attorney-in-Fact Signature (if required):

Date:

Witness/Notary Signature:

Date:
