

STATE OF LOUISIANA
SECRETARY OF STATE

TOM SCHEDLER
SECRETARY OF STATE

Commercial Division
(225) 925-4704

Fax Numbers
(225) 932-5314 Corporations
(225) 932-5317 Legal Services
(225) 932-5318 UCC



**TRANSMITTAL INFORMATION
For All Business Filings**

Please indicate below the level of service requested, payment and contact information

Routine

Expedite \$30
24 hour processing

Check or Money Order Enclosed

Credit Card Number: _____

Expiration Date: _____

Business Name (List **exactly** as it appears in documents)

Name of person filing document (evidence of filing will be mailed to this person, at address below)

Address

City

State

Zip Code

Daytime phone number

Fax number

Email address

NOTE: Louisiana Law requires all Louisiana notaries to print or type their name and notary or bar roll number on the document.

Mailing Address: P. O. Box 94125, Baton Rouge, LA * 70804-9125
Office Location: 8585 Archives Ave., Baton Rouge, LA * 70809
Web Site Address: www.sos.la.gov

Tom Schedler
Secretary of State



AFFIDAVIT TO DISSOLVE LIMITED LIABILITY COMPANY
(R.S. 12:1335.1)

Domestic Limited Liability Company
Enclose \$100.00 filing fee
Make remittance payable to
Secretary of State
Do Not Send Cash

Return to: Commercial Division
P. O. Box 94125
Baton Rouge, LA 70804-9125
Phone (225) 925-4704
Web Site: www.sos.la.gov

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned Notary Public in and for the parish/county herein above shown, personally came and appeared the undersigned who, after being duly sworn, did depose and say that:

_____ Limited Liability Company Name

is no longer doing business, owes no debts and owns no immovable property is dissolved by filing this affidavit with the Secretary of State, executed by the member(s) or organizer(s) if no membership interests have been issued, attesting to such facts.

The undersigned further declared that they are: (check one)

- () All of the members of the above named limited liability company.
- () All of the organizers of the above named limited liability company, and no membership interests have been issued.

Member(s) or Organizer(s) Signature(s)

Sworn to and subscribed before me, the undersigned Notary Public, on this date: _____

NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Notary Signature

INSTRUCTIONS

1. File this form, along with the appropriate filing fee with the Secretary of State's office.
2. You will receive a Certificate of Dissolution.