



Office of the Secretary of State
Corporations & Charities Division

Limited Liability Company

See attached detailed instructions

No Fee for Standard Service

Expedited Service \$50.00

This Box For Office Use Only

UBI Number:

CERTIFICATE OF DISSOLUTION (Domestic/WA)

Chapter 25.15 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY: *(as currently recorded with the Office of the Secretary of State)*

MAILING ADDRESS TO RETURN THE COMPLETED DOCUMENT:

City _____ State _____ Zip Code _____

SECTION 2

ORIGINAL DATE FOR CERTIFICATE OF FORMATION: _____

SECTION 3

REASON FOR DISSOLUTION: *(if necessary, attach additional information)*

SECTION 4

EFFECTIVE DATE OF DISSOLUTION: *(please check one of the following)*

Upon filing by the Secretary of State

Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Dissolution has been filed by the Office of the Secretary of State)*

SECTION 5

MEMBER OR MANAGER SIGNATURE *(see instructions page)*

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____	_____	_____	_____
Signature	Printed Name/Title	Date	Phone

INSTRUCTIONS – CERTIFICATE OF DISSOLUTION (Domestic/WA)

Please complete all sections of the Certificate of Dissolution. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps

UBI Number: Please enter your existing Unified Business Identifier (UBI Number) as currently recorded with the Office of the Secretary of State, in the box in the upper right hand corner of page 1.

Section 1

Provide the Limited Liability Company (LLC) name as it is currently is recorded with the Office of the Secretary of State. Please include the address where the completed document should be mailed.

Section 2

List the original filing date of the Limited Liability Company's Certificate of Formation as recorded with the Office of the Secretary of State.

Section 3

List the reason(s) for Dissolution of the Limited Liability Company. *(if necessary, attach additional information)*

Section 4

Choose either upon filing by the Secretary of State or you may indicate an effective date. The effective date can be up to 90 days AFTER filing of the Certificate of Dissolution by the Office of the Secretary of State.

Section 5

The Certificate of Dissolution must be signed by a member or manager of the LLC or their authorized representative. If signed by an authorized representative you must provide the title and capacity of person signing and whom they represent.

Additional Information:

FEES: There is no filing fee for standard service. If expedited service is requested, include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". ***(All filing fees are non-refundable)***

Mail completed forms and payment to:

Secretary of State
Corporation Division
801 Capitol Way S
PO Box 40234
Olympia WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps or call 360-725-0377.