



INSTRUCTIONS: CERTIFICATE OF REVOCATION OF DISSOLUTION OF A LIMITED LIABILITY COMPANY RCW 23.95 and 25.15

Purpose: Revocation of Dissolution can be used within 120 days of a voluntary dissolution to reverse the dissolution status. Additional documents may be required depending on the status and/or expiration date of the business entity at the time the business was voluntarily dissolved.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available by contacting our office, to ensure you have the most recent version of the form.

Mail: Send the completed form and payment to the address listed above. **The post mark date is not the received date.**

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: The filing fee for the Certificate of Revocation is \$30.00

Expedited Service: If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

ATTENTION: In order to file a Certificate of Revocation, the business must meet the following criteria:

- 1) Be a Washington Limited Liability Company; and
- 2) Have filed a VOLUNTARY dissolution within 120 days of submitting this form;

The business entity may need to submit a Reinstatement or an Annual Report in addition to this form if required by the status and/or expiration date at the time the Articles of Dissolution was filed. Contact our office for details. Once filed, the Articles of Dissolution and Articles of Revocation will remain in the business's filing history.

(1) Unified Business Identifier (UBI): Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

(2) Name of Limited Liability Company: Provide the name as recorded with the Office of the Secretary of State of Washington. The Name and UBI Number of the business **must** match our records to be accepted.

(3) Effective Date of the Dissolution: Provide the effective date from the Certificate of Dissolution that was previously filed with the Office of the Secretary of State of Washington. The submission date of the Certificate of Revocation **must** be within 120 days of the effective date of the filed Certificate of Dissolution. This date will appear in the "filed" stamp on the Certificate of Dissolution.

(4) Date of Approved Revocation: Provide the date the revocation was approved in the manner required by [RCW 25.15.294\(2\)](#).

(5) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent's address.

(6) Authorized Person: Sign, print, provide the signer's title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



WASHINGTON
Secretary of State

Corporations & Charities Division

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

THIS BOX FOR OFFICE USE ONLY

Filing Fee \$30

To Expedite Filing, Add \$100

CERTIFICATE OF REVOCATION OF DISSOLUTION

Limited Liability Company

Professional Limited Liability Company

RCW 25.15.294

All fields are **REQUIRED** unless otherwise specified

(1) UBI No.: _____

(2) BUSINESS ENTITY NAME: (as currently recorded with the Office of the Secretary of State)

Signature below attests that the name satisfies the requirements of Article 3 of Chapter [23.95 RCW](#)

(3) EFFECTIVE DATE OF THE DISSOLUTION: *Date must be within 120 days of the filing date of the Articles of Revocation*

Date: _____

(4) DATE THAT THE REVOCATION WAS APPROVED: _____

(5) RETURN ADDRESS FOR THIS FILING: *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

(6) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person

Printed Name/Title

Date