



INSTRUCTIONS: CERTIFICATE OF DISSOLUTION OF A LIMITED LIABILITY COMPANY OR PROFESSIONAL LIMITED LIABILITY COMPANY RCW 25.15

Purpose: Certificate of Dissolution is used to voluntarily dissolve the business entity. After 120 days of this submission being filed the business entity is no longer eligible for reinstatement or revocation and is considered permanently dissolved.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website www.sos.wa.gov/corporations a fillable .pdf version of this form is available or you can file online at <https://ccfs.sos.wa.gov>

Mail: Send the completed form and payment to the address listed above.

Email: An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

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: There is no filing fee for the Certificate of Dissolution.

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.

(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: Select the date this filing is to be effective. If "Date of Filing" is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

(4) Dissolution Attestation: By the authorized person signing it is attested that the Limited Liability Company or Professional Limited Liability Company is dissolved per [RCW 25.15.265](http://www.sos.wa.gov/corporations)

(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

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

See website for overnight address by commercial carrier

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

THIS BOX FOR OFFICE USE ONLY

☐ No Filing Fee

☐ To Expedite Filing, Add \$100

CERTIFICATE OF DISSOLUTION

Limited Liability Company

Professional Limited Liability Company

[RCW 25.15](#)

All fields REQUIRED unless otherwise specified

(1) UBI No.: _____

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

(3) EFFECTIVE DATE OF THIS FILING: Check ONE of the following

☐ Date of filing (default) this is the date that the submission is completed by our office

☐ Specify a Date _____ (cannot be more than 90 days following received date)

(4) DISSOLUTION ATTESTATION:

By the authorized person signing the business attests that the below statement is true and correct.

The Limited Liability Company or Professional Limited Liability Company named above is hereby dissolved per

[RCW 25.15.265](#)

(5) RETURN ADDRESS FOR THIS FILING:

Attention to: _____ **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