

NYS CERTIFICATION OF DISSOLUTION OF LLC

DATE: _____

1. Name of Company: _____

2. Date of Formation: _____

3. Reason for Dissolution: _____

4. Principal Business Address in NY: _____

_____ County: _____

5. Name and Title of Member Authorizing Dissolution:

Name: _____ Title: _____

Address: _____

6. (Optional) Name and Address of Registered Agent: _____

_____ Use RCSG (annual fee applies): _____

Contact Name: _____ Email: _____

Business Name: _____

Phone Number: _____ Fax Number: _____

Billing Address: _____

Address for Delivery of Legal Documents: _____

COST OF SERVICE

Preparation and Submission: \$105.00

NYS Filing Fees: \$70.00

Administrative Fees: \$10.00

TOTAL: \$185.00

CREDIT CARD PAYMENT

Card No: _____ Exp: _____ Code: _____

Amount: \$ _____ Cardholder Name: _____

Cardholder Signature: X _____

*Please note: The fee above is an estimate only. It is possible to incur additional disbursements to complete this order.
If there are additional fees, they will be applied to this credit card.*

