

NYS FILING LLC MERGER

DATE: _____

1. Name(s) of Merging/Constituent LLCs and Establishment Filing Dates:
Name of LLC 1: _____
Original Name (if amended): _____
NYS Filing Date: _____
Name of LLC 2: _____
Original Name (if amended): _____
NYS Filing Date: _____
2. Name of Surviving LLC: _____
3. Future Effective Date (if different from filing date): _____

4. Service of Process Address:

5. Principal Business Address in NY: _____
_____ County: _____
6. Name of Members Authorizing Merger
Name: _____
Name: _____
7. (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: \$ 60.00

Administrative Fees: \$ 10.00

New Corporate Kit (optional): \$ 150.00

TOTAL: \$ 325.00

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.*

