



**ARTICLES OF DISSOLUTION
MASTER LIMITED LIABILITY COMPANY**

State Form 56270 (R1 / 05-24)
Approved by State Board of Accounts, 2017

Diego Morales
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 234-9768
INBiz.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
 3. For additional forms please visit in.gov/sos/business/division-forms
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number ()	E-mail address (If different from above – SOS use only)	





**ARTICLES OF DISSOLUTION
MASTER LIMITED LIABILITY COMPANY**

State Form 56270 (R2 / 05-24)
Approved by State Board of Accounts, 2017

Indiana Code 23-18.1-6-4(b)
23-0.5-9-22

FILING FEE: \$30.00

**ARTICLES OF DISSOLUTION
OF**

(Name of Master Limited Liability Company)

The above Master LLC (hereinafter referred to as the "Master LLC") desiring to give notice of entity action authorizing and effectuating the dissolution of the Master LLC and all associated Series pursuant to the provisions of the Indiana Business Flexibility Act, sets forth the following:

INFORMATION ABOUT THE APPLICANT

Name of Master LLC

Date of organization *(month, day, year)*

Date of dissolution *(month, day, year)*

Address of principal office *(number and street, city, state, and ZIP code)*

In witness whereof, the undersigned _____ of the Master LLC executes these Articles of Dissolution
(title)
thereby dissolving the Master LLC all associated Series and verifies, subject to penalties of perjury, that the statements contained herein are true,
this ____ day of _____, 20____.

Signature

Printed name

NOTE: Notice must be filed with the following Indiana State agencies: Department of Revenue (IC 6-8.1-10-9) and Department of Workforce Development (IC 22-4-32-23).