



# ARTICLES OF DISSOLUTION OF A LIMITED LIABILITY COMPANY

State Form 49465 (R8 / 01-26)

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](http://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](http://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)





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Indiana Code 23-18-9-7  
23-0.5-9-22

FILING FEE: \$30.00

## ARTICLES OF DISSOLUTION OF

\_\_\_\_\_  
(name of Limited Liability Company)

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

### INFORMATION ABOUT THE APPLICANT

Name of LLC

Date of organization (month, day, year)

Date of dissolution (month, day, year)



All business is conducted remotely from a governing person's residence, and the principal office address is a contact address.  
(If you check this box, leave the following line blank and include State Form 9900382 with your filing)

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

In witness whereof, the undersigned being the \_\_\_\_\_ of the LLC executes  
(title)

these Articles of Dissolution 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 Indiana Department of Workforce Development (IC 22-4-32-23).