



# ARTICLES OF DISSOLUTION MASTER LIMITED LIABILITY COMPANY

State Form 56270 (R2 / 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<br>(     ) | E-mail address (If different from above – SOS use only) |          |





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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)



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 \_\_\_\_\_ 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).