

**ARTICLES OF DISSOLUTION OF A** LIMITED LIABILITY COMPANY State Form 49465 (R7 / 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:

- Use 8½" x 11" white paper for attachments.
  Please <u>TYPE</u> or <u>PRINT LEGIBLY</u> in <u>INK</u>. Print all forms single sided.
  For additional forms please visit <u>in.gov/sos/business/division-forms</u>
- 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
- 5			
Telephone number	E mail address (If differe	ont from above SOS use only)	
	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

Date of organization (month, day, year)

Name of LLC

Date of dissolution (month, day, year)

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

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).