

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Domestic Limited Liability Company
(15 Pa.C.S.)

___ Certificate of Dissolution (§ 8975)

___ Certificate of Dissolution by Domestication (§ 8978)

Name		

Address		

City	State	Zip Code
_____	_____	_____

Document will be returned to the name and address you enter to the left.



Fee: \$70

In compliance with the requirements of the applicable provisions (relating to certificate of dissolution/dissolution by domestication), the undersigned limited liability company, desiring to dissolve, hereby states that:

1. The name of the limited liability company is:

Certificate of Dissolution - complete paragraphs 2, 3, and 4

2. *Check one of the following:*

___ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

___ Adequate provision has been made for the payment and discharge of the debts, obligations and liabilities of the limited liability company.

___ Assets of the limited liability company are not sufficient to discharge its liabilities, and all the assets of the limited liability company have been fairly and equitably applied, as far as they will go, to the payment of such liabilities.

3. All remaining property and assets of the limited liability company, if any, have been distributed among its members in accordance with their respective rights and interests.

4. *Check one of the following:*

___ There are no actions or proceedings pending against the limited liability company in any court.

___ Adequate provision has been made for the satisfaction of any judgment or decree that may be obtained against the limited liability company in each action or proceeding pending against the limited liability company.

Certificate of Dissolution by Domestication - complete paragraph 5

5. The limited liability company has domesticated itself under the laws of _____.
Name of Jurisdiction

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate to be signed by a duly authorized member or manager thereof this _____ day of _____, _____.

Name of Limited Liability Company

Signature

Title



**Department of State
Corporation Bureau
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.state.pa.us/corps**

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$70 made payable to the Department of State.
- B. The following, in addition to the filing fee, shall accompany this form:
- (1) Tax clearance certificates from the Department of Revenue and from the Bureau of Employment Security of the Department of Labor and Industry evidencing payment of all taxes and charges payable to the Commonwealth
 - (2) Any necessary governmental approvals.
- C. This form and all accompanying documents shall be mailed to the address stated above.