Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
◯ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
◯ No	PO Box 1028 Columbus, OH 43216

CERTIFICATE OF DISSOLUTION OF LIMITED LIABILITY COMPANY/ CANCELLATION OF FOREIGN LLC

(Domestic or Foreign)

Filing Fee $50.00

(CHECK ONLY ONE (1) BOX)

(1) ☑ Domestic Limited Liability Company (140-LDS)	**(2)** ☐ Foreign Limited Liability Company *(131-LFS)*

Complete the general information in this section for the box checked above.

Name of Limited Liability Co. WXYZ Services, LLC

Ohio Registration Number 1234567

Complete the information in this section if box (1) is checked.

An Ohio Limited Liability Company, hereby certifies that said Limited Liability Company was or shall be dissolved as of 1/1/2011
(Date)

Complete the information in this section if box (2) is checked.

The undersigned limited liability company hereby certifies that it is no longer transacting business in the state of Ohio.

FIRST: The name of the limited liability company in its state of organization or registration is:

SECOND: The name under which the limited liability company registered to transact business in Ohio is:

THIRD: The limited liability company is formed under the laws of the state/country of: _____
(state or country)

(Please enter does revoke or does not revoked below)

FOURTH: The limited liability company _____ the authority of its registered agent to accept service of process, notices and demands on its behalf.

If the authority of the limited liability company's statutory agent is revoked, then item fifth must be completed.

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Complete the information in this section if box (2) is checked Cont.

FIFTH: The address to which a person may mail a copy of any process, notice, or demand against the company is:

(street address) ***NOTE: P.O. Box Addresses are NOT acceptable.***

(city, township, or village) (state) (zip code)

If this mailing address changes in the future, the limited liability company hereby agrees to notify the Ohio secretary of state of such change.

REQUIRED
Must be authenticated **(signed)** by an authorized representative

Authorized Representative Date

John Doe, Member
(Print Name)

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