**STATE OF ALABAMA**

**DOMESTIC LIMITED LIABILITY COMPANY (LLC)**
**ARTICLES OF DISSOLUTION**

(For County Probate Office Use Only)

PURPOSE: In order to dissolve a Limited Liability Company (LLC) under Section 10A-1-9.11 and 10A-5A-7.02(b) of the Code of Alabama 1975 these Articles of Dissolution and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the LLC's Certificate of Formation was recorded. The information required in this form is required by Title 10A.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the Limited Liability Company's Certificate of Formation was recorded. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the **Secretary of State for the state filing fee of $100.00** and the Judge of Probate's Office will transmit the fees along with a certified copy of the Articles of Dissolution to the Office of the Secretary of State within 10 days after the filing is recorded. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your dissolution will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored ($30.00 fee).

## This form must be typed or laser printed.

1. The name of the Limited Liability Company as recorded on the Certificate of Formation:

_____

2. Alabama Entity ID Number (Format: 000-000):_____-_____ **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at www.sos.alabama.gov click on Business Services (below picture), click on Business Entity Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) ARTICLES OF DISSOLUTION**

3. The date the Certificate of Formation was filed: _____/_____/_____ (format MM/DD/YYYY)

4. Reason for filing the Articles of Dissolution:_____

_____

5. The effective date of the Articles of Dissolution:_____/_____/_____ (format MM/DD/YYYY)

_____/_____/_____
Date (MM/DD/YYYY)

_____
Signature as required by 10A-5A-2.04

_____
Typed Name of Above Signature

_____
Typed Title/Capacity to Sign under 10A-5-2.04

**Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:** If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing or provide an email return on this form, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (generally these fees are between 2% and 5% of the total charge).

**Information MUST be typed or filing will be returned without review.**

Entity Name:_____

AL Entity ID #, required for all filings other than formation/registration: _____-_____ (ex: 000-000)

Service Requested: ___✔___$100.00 Dissolution filing fee

_____$100.00 Expedited Processing fee (must be included with initial filing)

Hold at Front Desk for Pick-up by:_____

(Service providers who run couriers for pick-up)

**There is no notification service and there will not be a call for pick-up.**

_____Check is attached-Please make one check payable for the total amount of the fees (i.e., $200 if you are requesting expedite service) to the Alabama Secretary of State.

_____Charge fees to prepaid account: Account Number_____

and Account Name_____

_____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type:_____(Visa, MC, Discover & AmEx)

Card Number:_____Expiration Mo/Yr.:____/_____ (MM/YY)

Card Holder Name:_____

Complete Billing Address:_____

Street or PO

_____

City State Zip

Signature of Card Holder:_____

MUST be Signature of Card Holder