



## ARTICLES OF DISSOLUTION - LIMITED LIABILITY COMPANY

A. Name of the limited liability company:

\_\_\_\_\_

The articles of organization of the company were filed on \_\_\_\_\_  
(date)

B. Indicate the statutory ground under sec. 183.0901, Wis. Stats., for dissolution by checking (X) the appropriate choice below:

Dissolution due to the occurrence of event(s) specified in an operating agreement.

Dissolution by written consent of all members.

Dissolution due to dissociation of a member.  
(only for LLCs organized before 10/01/2002; see Wis. Stats Sec 183.0901(4))

C. Executed on behalf of the limited liability company on

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

Check the appropriate box: as  Member OR  Manager

This document was drafted by \_\_\_\_\_  
(Name the individual who drafted the document)

ARTICLES OF DISSOLUTION - Limited Liability Company

Γ

L

▲ Enter your return address within the bracket above.

Phone number during the day: (        ) \_\_\_\_\_ - \_\_\_\_\_

**INSTRUCTIONS** (Ref. sec. 183.0906 Wis. Stats. for document content)

<b>Submit one original and one exact copy along with the required filing fee of \$20.00 to the address listed below. Make checks payable to the “Department of Financial Institutions”. Filing fee is non-refundable. Sign the document manually or otherwise allowed under sec. 183.0107(1g)(c).</b>		
<b>Mailing Address:</b> Department of Financial Institutions Division of Corporate & Consumer Services P O Box 7846 Madison WI 53707-7846	<b>Physical Address for Express Mail:</b> Department of Financial Institutions Division of Corporate & Consumer Services 345 W. Washington Ave – 3 <sup>rd</sup> Fl. Madison WI 53703	Phone: 608-261-7577 FAX: 608-267-6813 TTY: 608-266-8818

**NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities

A. Enter the name of the limited liability company and the date the articles of organization were filed with the department.

B. Mark the appropriate choice to indicate the statutory ground for dissolving the limited liability company. (Ref. sec. 183.0901, Wis. Stats.)

C. Enter the date of execution of the document and the name and title of the person signing. The document must be signed by one of the following: a manager, if management of the company is vested in a manager or managers, or a member, if management of the company is reserved to the members.

If the document is executed in Wisconsin, sec. 182.01(3), Wis. Stats., provides that it shall not be filed unless the name of the drafter (either an individual or a governmental agency) is printed in a legible manner. If the document is not executed in Wisconsin, enter that remark.

Subject to the conditions set in sec. 183.0110 and 183.0111, Wis. Stats., a document filed by the department under Ch. 183 is effective on the date it is received by the department for filing, unless a delayed (future) effective date is declared in the document. To name a delayed effective date, enter a remark “This document has a delayed effective date of (enter the future date).” The delayed effective date may not be more than 90 days after the date the document is received by the department for filing.

When the document has been filed, an acknowledgement copy stamped “FILED” will be sent to the address you indicate above.

Filing articles of dissolution does not satisfy a company’s obligation to file a **Final Return** with tax authorities, if a return is due. For particulars, contact WI Dept of Revenue at (608) 266-0800 or <http://www.revenue.wi.gov/html/taxcorp.html>.