

**MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
BUREAU OF COMMERCIAL SERVICES**

Date Received

(FOR BUREAU USE ONLY)

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Name		
Address		
City	State	Zip Code

EFFECTIVE DATE:

Document will be returned to the name and address you enter above. If left blank document will be mailed to the registered office.

**CERTIFICATE OF DISSOLUTION
For use by Limited Liability Companies**

(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned limited liability company executes the following Certificate of Dissolution:

1. The name of the limited liability company is:

2. The identification number assigned by the Bureau is:

3. The reason for the dissolution is: (check only one)

upon the happening of an event specified in the Articles of Organization or operating agreement.

upon unanimous vote.

4. (Complete only if an effective date other than the date of filing is desired. This date must be no more than 90 days after receipt of this document by the administrator.)

This Certificate is hereby signed as required by Section 103 of the Act.

Signed this _____ day of _____, _____

By _____
(Signature of Member, Manager, or Authorized Agent)

(Type or Print Name and Capacity)

Preparer's Name _____

Business Telephone Number _____

INFORMATION AND INSTRUCTIONS

1. This form may be used to draft your Certificate of Dissolution. A document required or permitted to be filed under the act cannot be filed unless it contains the minimum information required by the act. The format provided contains only the minimal information required to make the document fileable and may not meet your needs. This is a legal document and agency staff cannot provide legal advice.

Submit one original of this document. Upon filing, the document will be added to the records of the Bureau of Commercial Services. The original will be returned to your registered office address, unless you enter a different address in the box on the front of this document.

2. Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

3. Item 2 - Enter the identification number assigned by the Bureau. If this number is unknown, leave it blank.

4. Item 3 - Check the appropriate box for dissolution pursuant to Sections 801(b) or (c) of the Act.

5. The limited liability company must request a tax clearance within 60 days after submitting this certificate from the Michigan Department of Treasury, Tax Clearance Division, Lansing, Michigan 48922, (517)-636-5260.

6. This Certificate must be signed by a manager, if managed by one or more managers, a member if management remains in the members, or an authorized agent of the company.

7. **NONREFUNDABLE FEE:** Make remittance payable to the State of Michigan. Include limited liability company name and identification number on check or money order.....**\$10.00**

To submit by mail:

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
Corporation Division
7150 Harris Drive
P.O. Box 30054
Lansing, MI 48909

To submit in person:

2501 Woodlake Circle
Okemos, MI
Telephone: (517) 241-6470

Fees may be paid by VISA or Mastercard when delivered in person to our office.

MICH-ELF (Michigan Electronic Filing System):

First Time Users: Call (517) 241-6470, or visit our website at <http://www.michigan.gov/corporations>
Customer with MICH-ELF Filer Account; Send document to (517) 241-9845

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