



Office of the Secretary of State

Corporations & Charities Division

(360) 725 - 0377 | www.sos.wa.gov/corps

801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

☐ No Filing Fee

☐ Expedite Service \$50

CERTIFICATE OF DISSOLUTION

Limited Liability Company

[RCW 25.15](#)

Please provide UBI # _____

ENTITY NAME :

Name of entity: (as currently recorded with the Office of the Secretary of State)

EFFECTIVE DATE: Please check ONE of the following:

☐ Date of filing ☐ Specify a Date _____ cannot be more than 90 days following received date

DISSOLUTION ATTESTATION:

THE LIMITED LIABILITY COMPANY NAMED ABOVE IS HEREBY DISSOLVED PER [RCW 25.15.265](#)

RETURN ADDRESS FOR THIS FILING: REQUIRED

Attention: _____

Email: (optional) _____

Country: _____

Address 1: _____

Zip: _____ City: _____ State: _____

AUTHORIZED PERSON:

Name, address, and signature required. Attach additional sheets if necessary.

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Address: _____

City _____ State _____ Zip _____

Signature

Printed Name/Title

Date