

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136
PHONE 601-359-1633 FAX 601-359-1499
Mississippi LLC Certificate of Dissolution

The undersigned pursuant to Mississippi Code Ann. §79-29-801 (1972) amended (2010), hereby executes the following Certificate of Dissolution and sets forth:

1. Name of Limited Liability Company

2. The reason for filing the Certificate of Dissolution

3. The future effective date of dissolution

4. Any other information the members or managers determine to include

By: Signature

(Please keep writing within box)

Printed Name

Title

Physical address

P O Box

City, State, Zip 5, Zip4

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Make Check for \$50.00 payable to SECRETARY OF STATE. Mail completed form with payment to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (800) 256-3494. Visit our website at www.sos.ms.gov for forms and instructions.

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136
PHONE 601-359-1633 FAX 601-359-1499
Mississippi LLC Certificate of Dissolution

By: Signature (Please keep writing within box)

Printed Name

Title

Physical Address

P.O. Box

City, State, Zip5, Zip4

<input data-bbox="193 1018 805 1092" type="text"/>	<input data-bbox="805 1018 889 1092" type="text"/>	<input data-bbox="889 1018 1455 1092" type="text"/>
--	--	---

Make Check for \$50.00 payable to SECRETARY OF STATE. Mail completed form with payment to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (800) 256-3494. Visit our website at www.sos.ms.gov for forms and instructions.