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For Office Use Only

Limited Liability Company Articles of Dissolution

1. The name of the limited liability company is:

2. Certification. *(Please check the box to complete the required certification.)*

I hereby certify that I am in compliance with W.S. 17-29-701, and I have met all requirements for dissolution and winding up as required in the Limited Liability Company Act. I further certify that I have the authority to complete the dissolution of this business entity. The limited liability company is now dissolved.

Signature: _____
(Shall be executed by a person authorized by the company.)

Date: _____
(mm/dd/yyyy)

Print Name:

Contact Person:

Title:

Daytime Phone Number:

Email:

*(Email provided will receive filing evidence)
May list multiple email addresses

Checklist

Filing Fee: \$50.00 Make check or money order payable to Wyoming Secretary of State.
Please submit one **originally signed** document.
Typical processing time is 3-5 business days following the date of receipt in our office.
Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.