

1. Name of the limited liability company:

Wyoming Secretary of State

State Capitol Building, Room 110 200 West 24th Street Cheyenne, WY 82002-0020 Ph. 307.777.7311 Fax 307.777.5339

Fax 307.777.5339 Email: Business@wyo.gov For Office Use Only

Foreign Limited Liability Company Application for Certificate of Withdrawal

Pursuant to W.S. 17-16-1520 of the Wyoming Business Corporation Act, the undersigned limited liability company hereby applies for a Certificate of Withdrawal from the state of Wyoming, and for that purpose submits the following statement:

2. Organized under the laws of:	
	try of organization)
3. It is no longer transacting business in the business in the state of Wyoming.	state of Wyoming; and it hereby surrenders its authority to transact
	nt to accept service on its behalf and appoints the Secretary of State as ng based on a cause of action arising during the time it was authorized
5. Mailing address to which the Secretary of Sta	ate may mail a copy of any process served on him under Item 4:
6. It will notify the Secretary of State in the futu	ure of any change in its mailing address.
Date: (mm/dd/yyyy)	Signature: (May be executed by a member, manager, or other authorized individual as set forth in the operating agreement.)
	Print Name:
	Title:
Contact Person:	Email:
Daytime Phone Number:	
	oney order payable to Wyoming Secretary of State.

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.