Office of the Minnesota Secretary of State

Minnesota Limited Liability Company | Statement of Termination

Minnesota Statutes, Chapter 322C



This form can only be used by entities governed under Chapter 322C.

Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail

The limited liability company list	ted has been terminated u	nder Minnesota Statutes, (Chapter 322C.0702.
1. Limited Liability Company Nat	me: (Required)		
2. I, the undersigned, certify that I person(s) whose signature would be capacities. I further certify that I I correct and in compliance with the am subject to the penalties of perjudices.	be required who has authorishave completed all required applicable chapter of Minr	zed me to sign this documer fields, and that the information and Statutes. I understand	nt on his/her behalf, or in both tion in this document is true and d that by signing this document I
Signature of Authorized Person or	Authorized Agent	Date	<u> </u>
Email Address for Official Notic	es		
Enter an email address to which th	e Secretary of State can forv	ward official notices require	d by law and other notices:
Check here to have your ema	il address excluded from red	quests for bulk data, to the e	extent allowed by Minnesota law.
List a name and daytime phone	number of a person who ca	an be contacted about this	form:
Contact Name		Phone Number	

INSTRUCTIONS

File your business document online by visiting our website at www.sos.state.mn.us.

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

- 1. List the name of the limited liability company. (Required)
- 2. A signature of a person authorized by the limited liability company to sign documents is required, or an Authorized Agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).

Email Address for Official Notices. This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime telephone number of a person who can be contacted about this form.

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Payable to the MN Secretary of State

Please submit all items together and mail to the address below:

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services
First National Bank Building
332 Minnesota Street, Suite N201
Saint Paul, MN 55101
(Staffed 8 a.m. - 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.