

## **Arkansas Secretary of State**

**John Thurston** 

1401 W. Capitol, Suite 250, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

## MEMORANDUM

To: LLC Customers

From: Secretary of State - Business Services Division

Date: Permanent Reminder

Subject: Dissolution or Withdrawal

Please be reminded that corporations must file Franchise Tax Reports and pay applicable taxes for each year that they are considered filed with the Arkansas Secretary of State.

Pursuant to Arkansas Code Annotated § 26-54-105 (d)(1), every LLC that dissolves shall be required to pay at the time of dissolution the franchise tax for the prior calendar year and pay at the time of dissolution the minimum franchise tax for the year in which dissolved or withdrawn.

Failure to file the Final Tax Report with payment will result in the LLC's inability to dissolve or withdraw.

\* \* For further definition please feel free to contact a Business Services Representative at (501) 682-3409 or (888) 233-0325.

FOR OFFICE USE ONLY LIMITED LIABILITY COMPANY				
	FINAL FRANC	HISE TAX REPORT		
	To be submitted prior	to Dissolution or Withdrawal"		
		n Thurston		
		Secretary of State		
		nmercial Services Division Capitol, Suite 250		
		(, Arkansas 72201		
		09 or (888) 233-0325		
File #	www.sos	www.sos.arkansas.gov		
1.		1a.		
(Exact Limited Liability C	Company Name as Registered in Arkansas)	(Name)		
	(Street and Number)	(Street and Number)		
	(City State and ZIP Code)	(City State and ZIP Code)		
1b. Person you wish to have co	ontacted regarding this tax: Name	Phone #		
Address:				
2. Required Information:	Please complete with current names	(Check One) Foreign Domestic		
Member/Manager		3. State of Organization		
Member/Manager		4. Date of Organization		
Member/Manager		5. Date of Organization in Arkansas		
Member/Manager		a. Arkansas Registered Agent		

I declare, under the penalties of perjury, that the foregoing statements are true to the best of my knowledge and belief. I understand that the statements made herein are under oath, and that knowingly making a false statement herein is a Class C felony (A.C.A § 5-53-102) or a Class A misdemeanor (A.C.A. § 5-53-103), or both.

State of	County of	
FILED this	day of	, <u> </u>
(Remittance Must Accompany This Report)		

Member/Manager \_\_\_\_\_

E-mail Address:

Member/Manager \_\_\_\_

b. Nature of Business \_\_\_\_\_

6. Federal ID Number \_\_\_\_\_

Minimum Tax Due

Limited Liability Company \$150.00