



# Arkansas Secretary of State

## Cole Jester

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201

501-682-3409 • [www.sos.arkansas.gov](http://www.sos.arkansas.gov)

### MEMORANDUM

To: LLC Customers

From: Secretary of State - Business Services Division

Date: Permanent Reminder

Subject: Dissolution or Withdrawal

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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the prior calendar year and pay at the time of dissolution the minimum franchise tax for the year in which dissolved or withdrawn.

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**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 FRANCHISE TAX REPORT**  
To be submitted prior to Dissolution or Withdrawal

Secretary of State  
Business and Commercial Services Division  
500 Woodlane Ave, Suite 256  
Little Rock, Arkansas 72201  
(501) 682-3409 or (888) 233-0325

**www.sos.arkansas.gov**

File #

1.	1a.
(Exact Limited Liability 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 contacted 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 \_\_\_\_\_

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

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

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

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

E-mail Address: \_\_\_\_\_

**Minimum Tax Due**

Limited Liability Company ..... \$150.00

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 \_\_\_\_\_, \_\_\_\_\_.

(Remittance Must Accompany This Report)