



Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

STATEMENT OF DISSOLUTION for Limited Liability Company

(Please type or print)

The undersigned, pursuant to Act 1041 of 2021, sets forth the following:

1. Name of Limited Liability Company: _____
2. The date of filing of the Limited Liability Company's Certificate of Organization and all amendments:

3. Reason for filing Statement of Dissolution: _____

4. Actual effective date of the Statement of Dissolution (Please state only if a date not the same as the filing date of the Statement of Dissolution): _____

I affirm that I am the individual authorized to sign on behalf of the aforementioned entity to be formed and that, under penalty of perjury, the information stated in this record is accurate.

Signature

Name

Title