



Arkansas Secretary of State

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

Revocation of Dissolution for a Limited Liability Company

(PLEASE TYPE OR PRINT CLEARLY IN INK)

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

1. The Name of the Limited Liability Company is : _____

2. Effective date of the dissolution: _____
3. Date the Revocation of Dissolution was authorized by all members/managers of the above named LLC:

Note: Per A.C.A. § 4-38-703, ALL members/managers must sign this revocation of dissolution. Also, per Act 1041 of 2121, rescinding a dissolution of an LLC shall not take place after 120 days of the date of the dissolution with the Arkansas Secretary of State.

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.

Executed this _____ day of _____, _____.

(Signature of member/manager)

(Print name and title)

(Signature of member/manager)

(Print name and title)

(Signature of member/manager)

(Print name and title)

(Signature of member/manager)

(Print name and title)