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Paper forms are not accepted.

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**Statement of Dissolution  
Limited Liability Company**

Filed pursuant to §7-80-802 of the Colorado Revised Statutes (C.R.S)

ID number: \_\_\_\_\_

1. Entity name: \_\_\_\_\_

2. Principal office address:

Street address

\_\_\_\_\_  
*(Street number and name)*

\_\_\_\_\_

\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country)*

Mailing address

(leave blank if same as above)

\_\_\_\_\_  
*(Street number and name or Post Office Box information)*

\_\_\_\_\_

\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country)*

3. (Optional) Delayed effective date: \_\_\_\_\_

*(mm/dd/yyyy)*

4.  This document contains additional information as provided by law.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

5. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

_____	_____	_____	_____
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
_____			
<i>(Street name and number or Post Office Box information)</i>			
_____			
_____	_____	_____	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
_____		_____	
<i>(Province – if applicable)</i>		<i>(Country – if not US)</i>	

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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SAMPLE - DO NOT SUBMIT