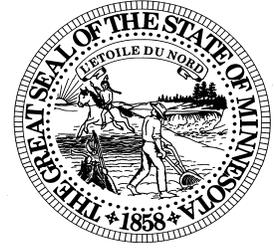


**Office of the Minnesota Secretary of State**  
**Minnesota Limited Liability Company | Notice of Dissolution**  
*Minnesota Statutes, Chapter 322B*



**This form can only be used by entities governed under Chapter 322B.**  
**Read the instructions before completing this form.**  
**Filing Fee: \$55 for expedited service in-person, \$35 if submitted by mail**

1. Name of Limited Liability Company: (Required)

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2. Check and complete at least one of the following three options: (Required)

a)  If the Dissolution is approved pursuant to 322B.806 subd 2, the date & place of the meeting where the resolution was approved; and a statement that the requisite vote of the members was received, or that the member validly took action without a meeting - Chap 322B.81 subd 1 (2)(i):

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Date of Meeting

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List the place where the meeting was held

b)  If the Dissolution occurs under 322B.80 subd 1 (1) (by the expiration of the LLC's duration), a statement of the expiration date:

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c)  If the Dissolution occurs under 322B.80 subd 1 (5), (by the termination of a membership interest of a member), a statement that the continued membership of the member has terminated & the date of that termination:

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3. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

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Signature of Authorized Person or Authorized Agent

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Date

**Email Address for Official Notices**

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

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Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime phone number of a person who can be contacted about this form:**

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Contact Name

Phone Number

## INSTRUCTIONS

**File your business document online by visiting our website at [www.sos.state.mn.us](http://www.sos.state.mn.us).**

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

Note: Filing the Notice of Dissolution DOES NOT dissolve the limited liability company. It provides notice that the company is in the process of dissolving. In order to complete the dissolution you need to file Articles of Termination under *Minnesota Statutes*, section 322B.816 or 322B.82.

**1. Name of Limited Liability Company:** (Required) List the company name on file with the Office of the Secretary of State.

**2. Check and Complete One of the Following Options:** (Required) Select one of the following options for filing the Notice of Dissolution and complete any fields associated with this option.

**3. Authorized Signature:** (Required) Must be signed by someone authorized by the corporation or Authorized Agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).

**Email Address for Official Notices.** This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime telephone number of a person who can be contacted about this form.**

**Filing Fee: \$55 for expedited service in-person, \$35 if submitted by mail  
Payable to the MN Secretary of State**

Please submit all items together and mail to the address below:

**FILE IN-PERSON OR MAIL TO:**

Minnesota Secretary of State - Business Services  
Retirement Systems of Minnesota Building  
60 Empire Drive, Suite 100  
St Paul, MN 55103

(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.