

InfotaxSquare com[®]

Incorporate. LLC. Income Taxes. Business Taxes



Online Live Customer Support
Available 24/7

TOLL FREE
1-866-754-4460

FAX:
718-732-2471

ARTICLES OF DISSOLUTION – L.L.C

Please complete the requested information below for your Articles of Dissolution.
Infotax Square representative will begin processing your order upon receipt of payment.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PLEASE SELECT

Type of Entity:

State:

CONTACT INFORMATION (This is where we will ship your documents)

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

BUSINESS OVERVIEW

Name of Entity: _____

State of Formation: _____

Date of Formation: _____ (mm/dd/yyyy)

Employer ID Number: _____

Reason for Dissolving/Cancellation:

Not Conducting Business

Other

Address: _____

(If different from the above)

Suite/Apt: _____

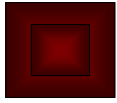
City, State, Zip: _____

REGISTERED AGENT INFORMATION (if any)

Full Name: _____

Address: _____

City, State, Zip: _____



OFFICERS/DIRECTORS' INFORMATION

OFFICER 1

Full Name: _____

Address: _____

City, State, Zip: _____

Phone, Fax: _____

OFFICER 2

Full Name: _____

Address: _____

City, State, Zip: _____

Phone, Fax: _____

ORDER INFORMATION (For Pricing click here)

State Filing Fee:	
Include Expedite Fees:	
Infotax Square Fee for filing Articles of Dissolution:	
Shipping and Handling (UPS Delivery):	
Total:	

CARDHOLDER INFORMATION

Check (payable to INFOTAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 11417
 CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.



Card Type: Visa Master Card American Express Discover

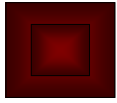
First Last Name: _____

Billing Address: _____ City, State, Zip _____

Phone, Fax: _____

Card Number: _____ Expiration Date: _____

Country: _____



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General Comments / Instructions:

TERMS OF USE AGREEMENT & DISCLAIMER (Click Here For Online)

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

Name / Signature

Official Use Only - Prepared by: _____

You can mail the form at:

Infotax Square
109-13 Centerville Street, Suite 3R
Ozone Park, NY 11417

Fax at: 718-732-2471

***Important: Please save the form before submitting**