



# Arkansas Secretary of State

## Cole Jester

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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