



# Arkansas Secretary of State

## Cole Jester

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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)