



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: corporations@alaska.gov
Website: Corporations.Alaska.Gov

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FOR DIVISION USE ONLY

Articles of Dissolution

Domestic Limited Liability Company (AS 10.50)

- This Articles of Dissolution is only for a Domestic Limited Liability Company. Once filed, the entity will be placed into a "Voluntarily Dissolved" status.
- This form will not be filed if the official signing this form does not match an official on record for this entity, and/or if your entity's biennial report is not current. Verify your entity's status and current information online at: www.Corporations.Alaska.Gov, click *Search Corporations Database*.
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days (2-3 weeks). All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted online at www.Corporations.Alaska.Gov.

Important:

A limited liability company is dissolved, and its affairs shall be wound up when the first of the following occurs:

- 1) At the time or on the happening of events specified for dissolution in an operating agreement of the company;
- 2) all of the members of the company consent in writing; or
- 3) the superior court enters a decree for judicial dissolution of the company under AS 10.50.405 & AS 10.50.400

Each Domestic Limited Liability Company is required to keep and make available its records. — AS 10.50.870

PART I Payment of Fees

3 AAC 16.065

Fee:

☐ Non-Refundable Filing Fee

\$25.00

Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

PART II Entity Information

AS 10.50.430(1)

Entity Name:

Alaska Entity Number:

PART III Attestations

AS 10.50.430

By submitting this form, I am confirming:

- ☐ This entity is in Good Standing.
- ☐ All biennial reports due have been filed and paid.
- ☐ Per AS 10.50.430(2), the date of the articles of organization and date of any amendments on record with this Division are made available online in the entity's corporate record.

*To verify the entity's status and reports, go to www.Corporations.Alaska.Gov, click *Search Corporations Database*.*

PART IV Reason(s) for LLC's Dissolution

AS 10.50.430(3)

Briefly state the reason(s) for filing Articles of Dissolution:

PART V Effective Date of Dissolution

AS 10.50.430(4)

Complete this section *ONLY* if date is different from the date of filing this Articles of Dissolution with this office.
State the effective date of dissolution in cell below.

Effective Date (mm/dd/yyyy):	
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PART VI Pertinent Dissolution Information

AS 10.50.430(5)

Any other information determined appropriate by the members or managers filing the Articles of Dissolution:

PART VII Required Signature

AS 10.50.840(a), 10.50.840(c), 10.06.825

The Articles of Dissolution must be signed by a member or a manager currently on record with this office, or an Attorney-in-Fact. Per AS 10.06.825, persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

To verify the members/managers currently on record, go to www.Corporations.Alaska.Gov, click *Search Corporations Database*.

Name:		Title:	Member/Manager or Attorney-in-fact
Signature:		Date:	

If signing on behalf of a member or manager that is another entity or a trust, then you must identify the signer's relationship and signing authority on behalf of the entity or trust. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC; or, John Smith, Trustee of ABC Revocable Trust.

Remember to notify other sections of this division when appropriate:

BUSINESS LICENSING SECTION:

Submit Business License: Request to Cancel (form 08-4732) to cancel any business licenses associated with this entity. Go to www.BusinessLicense.Alaska.Gov for more information and forms.

PROFESSIONAL LICENSING SECTION:

Email License@Alaska.Gov for more information and appropriate forms.



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Contact Information

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

Entity Information	Enter your entity information as it appears on this filing.
Entity Name:	
AK Entity #:	

Contact Person	Whom may we contact with any questions or problems with this filing?
Company:	
Contact:	
Mailing Address:	Address: City: State: ZIP:
Phone:	
Email:	

Document Return Address	Provide an address for the return of your filed documents.
☐ Return my filings to the address provided ABOVE	
☐ Return my filings to this address provided BELOW	
Company:	
Contact:	
Mailing Address:	Address: City: State: ZIP:



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State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

☐ Application Fee: _____

☐ License or Renewal Fee: _____

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____

2. Expiration Date: _____

3. Security Code: _____

All 3 fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.