



Form 562 Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (**Two-business day processing time requires an additional \$100.00**).
P.O. Box 1390
Columbus, OH 43216

**Certificate of Dissolution of Limited Liability Company/
Cancellation of Foreign Limited Liability Company
Filing Fee: \$50**

(CHECK ONLY ONE(1) BOX)

(1) ☐ Domestic Limited Liability Company
(For-profit or Nonprofit)
(140-LDS)

(2) ☐ Foreign Limited Liability Company
(For-profit or Nonprofit)
(131-LFS)

Jurisdiction of Formation

Name of Limited Liability Company

If foreign, name of Limited Liability Company in its jurisdiction of formation (if different)

Ohio Registration Number

Complete the information in this section if box (1) is checked.

The Limited Liability Company hereby certifies that the effective date of the dissolution is:

Date

Note: Effective date must be on or before the date of filing.

Complete the information in this section if box (2) is checked.

The undersigned limited liability company hereby certifies that it is no longer transacting business in the state of Ohio.

The limited liability company the authority of its registered agent to accept service of process,
(Please enter 'does revoke' or 'does not revoke') notices and demands on its behalf.

If the authority of the agent is **revoked** then please provide the address to which a person may mail copy of any process, notice, or demand against the company is:

Mailing Address

City

State

ZIP Code

If this mailing address changes in the future, the limited liability company hereby agrees to notify the Ohio secretary of state of such change.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name