


**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: _____ Name _____ Address _____ City State Zip Code	Voluntary Termination [Never Transacted Business] Domestic Limited Liability Company DSCB:15-8878 (2/2017)  8878
<input type="checkbox"/> Return document by email to: _____	

Fee: \$70

In compliance with the requirements of the applicable provisions 15 Pa.C.S. § 8878 (relating to voluntary termination by members or organizers for a limited liability company that has never transacted business), the undersigned, desiring that the company should be terminated, hereby states that:

1. The name of the company is: _____

2. The current registered office address of the company as on file with the Department of State.
Complete part (a) **OR** (b) – not both:

(a) _____
Number and street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

3. The company has never transacted business or held assets other than money received as capital contributions.

4. The amounts, if any, actually paid in as capital contributions, less any part disbursed for necessary expenses, have been returned to those entitled to the return of the amounts.

5. A majority of the organizers or a majority in interest of the members elect that the company be terminated.

6. Check *one* of the following:

All liabilities of the company have been discharged.

Adequate provision has been made for the payment of the liabilities of the company.

IN TESTIMONY WHEREOF, at least a majority of the organizers or a majority in interest of the members of the above-named company has hereunto set their hands this _____ day of _____, _____.

Signature

Signature

Signature