

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

Certificate of Termination-Limited Liability Company
(15 Pa.C.S. § 8962)

Name		

Address		

City	State	Zip Code
_____	_____	_____

Document will be returned to the name and address you enter to the left.



Fee: \$70

In compliance with the requirements of 15 Pa.C.S. § 8962(d) (relating to termination of plan), the undersigned limited liability company, desiring to terminate a division that has not yet become effective, hereby certifies that:

1. Set forth in full in Exhibit A, attached hereto and made a part hereof, is a copy of the filing to be terminated.

2. The plan has been terminated in accordance with the provisions therefore set forth therein

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Termination to be executed this

____ day of _____, _____.

Name of Limited Liability Company

Signature

Title



**Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.state.pa.us/corps**

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$70 made payable to the Commonwealth of Pennsylvania. Checks must contain a commercially pre-printed name and address.
- B. The following, in addition to the filing fee, shall accompany this form: two copies of a completed form DSCB:15-134B (Docketing Statement-Changes) with respect to each association affected by the terminated filing.
- C. If general partnerships, corporations, business trusts or other entities are parties to the plan, appropriate changes should be made to this form.
- D. This form and all accompanying documents shall be mailed to the address listed above.