PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to: Name				Certificate of Termination Domestic Limited Liability Company DSCB:15-8872(f) (rev. 2/2017)			
City		State	Zip Code				
☐ Return documer	nt by email to:					8872F	
Fee: \$70							
In compliantermination), the u							elating to certificate of
1. The name of the	e limited liabil	ity company	y is:				
_				epartment of	State. Comp	plete part (a)	OR(b) – not both:
(a) Number an	d street		City		State	Zip	County
(b) c/o:							
Name of	Commercial Regi	stered Office l	Provider				County
3. Check one of t	he following:						
☐ All debts,	obligations and	d other liabi	lities of the limite	ed liability c	ompany hav	ve been paid	and discharged.
	provision has l d liability comp		or the payment a	nd discharge	of the debt	s, obligation	s and other liabilities of
	ning property and the ith their respect			ity company	have been	distributed aı	mong its members in
5. Check one of	the following:						
	-	ding against	the limited liabil	lity company	y in any cou	ırt.	
☐ Adequate	•	been made f	or the satisfaction		•		ed against the limited
6. The limited lia	ability company	y is terminat	ed.				
IN TESTIMONY	WHEREOF, tl	ne undersign	ned limited liabili	ty company	has caused	this Certifica	ate of Termination to be
signed by a duly a	uthorized repre	esentative th	ereof this	day	of		, 20
					Name of L	imited Liability	Company
						Signature	
						51511111110	

Title