


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

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City State Zip Code <hr/> <input type="checkbox"/> Return document by email to: _____	Certificate of Denial - Limited Liability Company DSCB:15-8833 (2/2017)  8833
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Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 8833 (relating to certificate of denial of limited liability company authority), the undersigned person desiring to effect a certificate of denial of limited liability company authority hereby states that:

1. The name of the limited liability company is: _____
2. The current registered office address 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 date the Certificate of Authority to which this denial pertains was filed: _____
Date (MM/DD/YYYY)
4. I deny the grant of authority in the Certificate of Authority listed above.

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate of Denial of Limited Liability Company Authority to be signed thereof this _____ day of _____, 20_____.

Name of Limited Liability Company

Signature

Title