

SERVICO, INC.
283 WASHINGTON AVENUE
ALBANY, NEW YORK 12206
518.463.4179 / 518.463.3752 : FAX

**WORKSHEET FOR PREPARATION/FILING OF NEW YORK
ARTICLES OF DISSOLUTION for NY LLC**

Name of Limited Liability Company _____

Date of Organization _____

Name of Member authorizing the dissolution: _____

REASON FOR DISSOLUTION:

FEES:

Servico, Prepare & File certificate	\$ 75.00
Servico, Administrative Handling	5.00
NYS Dept of State filing fee (Routine)	\$ 60.00 Routine
IF Rush add \$25.00	-----
TOTAL:	\$ 140.00*

***No NYS Tax Consent is required prior to filing with the Secretary of State**

Your Name: _____

Your Firm: _____

Billing/Mailing Address: _____

Your Phone #: _____

Your Fax #: _____

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) _____

Card # _____ Expires _____ IN THE AMOUNT OF ** _____

Print Name of Card Holder: _____

Print Complete Billing Address on Credit Card: _____

Signature of Card Holder: _____

** Please note: This fee is an estimate only. It is possible to incur additional disbursements in order to complete this order. If so the additional fees will be charged to this credit card.

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**WORKSHEET FOR PREPARATION/FILING OF NEW YORK
SURRENDER OF AUTHORITY LLC**

NAME OF THE LIMITED LIABILITY COMPANY:

THE JURISDICTION OF ITS LIMITED LIABILITY COMPANY:

THE DATE THE LIMITED LIABILITY COMPANY WAS AUTHORIZED IN NY STATE:

ADDRESS FOR FUTURE MAILINGS AND PROCESS:

5. MEMBER'S NAME WHO IS AUTHORIZING THE DISSOLUTION:

FEES:

OUR SERVICE FEE TO PREPARE AND FILE	\$ 125.00
DISBURSEMENT TO DEPT. OF STATE (Filing)	\$ 60.00
ADMINISTRATIVE HANDLING	\$ 5.00
TOTAL	<u>\$190.00</u>

***ADD \$25.00 for expedited filing with the Sec. of State**

NO TAX CONSENT REQUIRED PRIOR TO FILING WITH THE SEC OF STATE

Your Name: _____

Your Firm: _____

Billing/Mailing Address: _____

Your Phone #: _____ Your Fax #: _____

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) _____

Card # _____ Expires _____ IN THE AMOUNT OF ** _____

Print Name of Card Holder: _____

Print Complete Billing Address on Credit Card: _____

Signature of Card Holder: _____

This is an estimate only. It is possible to incur additional disbursements in completing this order. All additional fees will be charged to this credit card. By signing here, you agree to the terms, conditions and verify that all information above is correct.