

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

**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	<b>\$190.00</b>

**\*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.