

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

STATEMENT OF DISSOCIATION
DOMESTIC LIMITED LIABILITY COMPANY
SDCL 47-34A-605

FILING FEE: \$10

Make check payable to SECRETARY OF STATE

The undersigned hereby files this statement of dissociation pursuant to SDCL 47-34A-605.

1. The Name and Business ID of the company is:

Name (Note: This must be the exact limited liability company name as registered.) Business ID

2. The name of the member dissociated from the company: _____

3. A copy of this statement has been delivered to the limited liability company:

Yes No

The cancellation must be signed by a member if the LLC is member-managed or by a manager if the LLC is manager-managed or in accordance with SDCL 47-34A-205.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Title