



Telephone: 877.767.3453

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via email from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via email when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



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**Mail this form to one of the following:**

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216

Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)

P.O. Box 1390  
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

**Certificate of Dissolution  
For a Domestic Limited Liability Company  
Filing Fee: \$50  
Form Must Be Typed  
140-LDS**

Name of Limited Liability Company

Registration Number

The limited liability company listed above has dissolved.

**Optional:** Effective Date (MM/DD/YYYY)

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of dissolution delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of dissolution is effective as provided in Ohio Revised Code Section 1706.172(D).

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

# Notice of Dissolution to Creditors and Claimants against Limited Liability Company

Pursuant to Ohio Revised Code section 1706.474

Notice of Dissolution of

Name of Limited Liability Company

The limited liability company referenced above has dissolved and requests that persons with claims against the dissolved limited liability company present them in accordance with this notice.

Description of information to be included in a claim:

The mailing address to which the person must send the claim is:

Address

City

State

ZIP Code

If not sooner barred, a claim against the dissolved limited liability company will be barred unless a proceeding to enforce the claim is commenced within two years after the publication of the notice.

## Instructions for Certificate of Dissolution

This form should be used if you wish to file a Certificate of Dissolution pursuant to Ohio Revised Code section 1706.471.

### Limited Liability Company Information

Provide the name of the limited liability company and the registration number.

### Effective Date and Effective Time (Optional)

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of dissolution delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of dissolution is effective as provided in Ohio Revised Code Section 1706.172(D).

### Notice of Dissolution (Optional)

A dissolved limited liability company may publish notice of its dissolution and request that persons with claims against the dissolved limited liability company present them in accordance with the notice described in section 1706.474 of the Revised Code. A copy of this notice may be attached to the Certificate of Dissolution.

### Signature Required

After completing all required information on the filing form, please make sure the form is signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

A typed name signifies an "intent to sign" which is acceptable.

### Additional Provisions

If the information you wish to provide does not fit on the form, please attach on a single-sided 8 ½ x 11 sheet(s) of paper.

### Note

Our office cannot file or record a document which contains a Social Security number or tax identification number. Please do not enter this information in any format on this form.