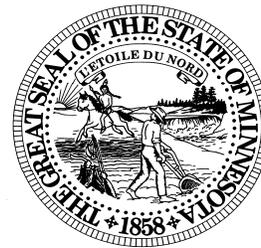


Office of the Minnesota Secretary of State
Foreign Limited Liability Company | Certificate of Withdrawal
Minnesota Statutes, Chapter 322B or 322C



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if by mail

1. Name of Limited Liability Company in Home Jurisdiction: (Required)

2. Alternate Name used in Minnesota, if applicable:

3. Home Jurisdiction: (Required)

4. The limited liability company, authorized to transact business in Minnesota, hereby applies for a Certificate of Withdrawal. This limited liability company has no property located in Minnesota and has ceased to transact business in Minnesota.

5. The Limited Liability Company surrenders its authority to transact business in Minnesota and revokes the authority of its registered agent to accept service of process. The Limited Liability Company will pay the commissioner of management and budget the amount of any additional license fees found to be due.

6. The Limited Liability Company consents to the service of process in any action, suit, or proceeding based on any cause of action arising in this state during the time the Limited Liability Company was authorized to transact business in this state may be made on the Limited Liability Company by service upon the Secretary of State.

7. Any process that may be served upon the Secretary of State of Minnesota after the withdrawal of this limited liability company from Minnesota should be forwarded to:

Name

Address

City

State

Zip Code

8. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of Authorized Person or Authorized Agent

Date

Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Contact Name

Phone Number

INSTRUCTIONS

File your business document online by visiting our website at www.sos.state.mn.us.

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

1. List the entity name in the home jurisdiction on file with this office.
2. List the alternate name used in Minnesota, if any.
3. List the state or jurisdiction in which this organization is organized.
4. List the name and address of the individual or company to which service of process should be forwarded after the filing of this withdrawal application.
5. The application for withdrawal must be signed by an authorized person or by an authorized agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).).

Email Address for Official Notices. This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime telephone number of a person who can be contacted about this form.

**Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail
Payable to the MN Secretary of State**

Please submit all items together and mail to the address below:

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103

(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.