



State of Utah  
 Department of Commerce  
 Division of Corporations & Commercial Code  
 Application for Withdrawal of Registration of a Foreign Limited Liability Company

Entity Number: \_\_\_\_\_

\_\_\_\_\_  
 Limited Liability Company Name

**SPECIAL NOTE:** Utah law requires Limited Liability Companies seeking withdrawal to submit a Tax Clearance Certificate with the Application for Withdrawal. Please inquire with the Utah State Tax Commission at 210 N 1950 W Salt Lake City, Utah 84134. Phone: (801) 297-2200 or Toll Free: (800) 662-4335.

Pursuant to the provisions of the Utah Limited Liability Company Act (U.C.A. 48-2c-1611), the undersigned limited liability company submits this Application for Withdrawal of Registration of a Foreign Limited Liability Company, and for this purpose declares:

**First:** Filing date of articles of organization \_\_\_\_\_;

**Second:** It is organized under the laws of the State of \_\_\_\_\_;

**Third:** It is no longer transacting business in Utah;

**Fourth:** It hereby surrenders its authority to transact business in Utah;

**Fifth:** "What the foreign company is not transacting business in this state and that it surrenders its authority to transact business in this state;

**Sixth:** Please answer the questions below:

Will the registered agent continue to be authorized to accept service on behalf of the company in any proceeding based on a cause of action arising during the time it was authorized to transact business in this state?

Yes No

What is the address of its principal office, or if there is not one, the address to which the Division may mail a copy of any process against the limited liability company that may be served is:

\_\_\_\_\_  
 Address City State Zip

**Seventh:** Are you taxed as a corporation? Yes No

**If taxed as a corporation you will need a tax clearance letter from the Utah Tax Commission.**

Taxed as other? \_\_\_\_\_

**Under penalties of perjury, I declare that this application for withdrawal has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.**

Name & Title: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Limited Liability Company Member or Manager Signature

If the filer requests a copy of the **Application for Withdrawal** an additional exact copy of the filed document along with a return-addressed envelope with adequate first-class postage must also be submitted.

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.