



Wyoming Secretary of State

Herschler Building East, Suite 101

122 W 25th Street

Cheyenne, WY 82002-0020

Ph. 307.777.7311

Email: Business@wyo.gov

For Office Use Only

**Decentralized Autonomous Organization
Limited Liability Company
Statement of Intent to Dissolve**

1. The name of the limited liability company is:
(Name must match exactly to the Secretary of State's records.)

2. The following event as set forth in W.S. 17-31-114 has occurred: *(check one)*

By vote of the majority of the members of the decentralized autonomous organization.

At the time or upon the occurrence of events specified in the underlying smart contracts or as specified in the articles of organization or operating agreement.

The decentralized autonomous organization has failed to approve any proposals or take any actions for a period of one (1) year.

The decentralized autonomous organization no longer performs a lawful purpose or is no longer under the control of at least one (1) natural person.

All members of the decentralized autonomous organization have withdrawn in accordance with W.S. 17-31-113.

3. Certification:

I understand that this entity shall be dissolved upon the processing of this document by the Wyoming Secretary of State's Office.

Signature: _____
(Shall be executed by a person authorized by the company.)

Date: _____
(mm/dd/yyyy)

Print Name:

Contact Person:

Title:

Daytime Phone Number:

Email:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Checklist

Filing Fee: \$60.00 Make check or money order payable to Wyoming Secretary of State.

The business entity is **active and in good standing** with this office.

Processing time is up to 15 business days following the date of receipt in our office.

Please mail with payment to the address at the top of this form. **This form cannot be accepted via email.**

Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**