APPLICATION FOR WITHDRAWAL
(Foreign Limited Liability Company)

Filing Fee: $100.00

TO: OKLAHOMA SECRETARY OF STATE
421 NW 13th St, Suite #210
Oklahoma City, OK 73103
(405) 522-2520

I hereby execute the following articles for the purpose of surrendering a foreign limited liability company's authority to transact business in the state of Oklahoma pursuant to the provisions of Title 18, Section 2047:

1. Name of the limited liability company:

_____

2. If different, the **fictitious name** which the company transacts business under in the state of Oklahoma:

_____

3. **State** or other jurisdiction of its formation: _____

4. Such foreign limited liability company is not transacting business in Oklahoma.

5. Such foreign limited liability company surrenders its certificate of registration to transact business in Oklahoma.

6. Such foreign limited liability company revokes the authority of its registered agent for service of process in this state and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the foreign limited liability company was authorized to transact business in Oklahoma may thereafter be made on such foreign limited liability company by service thereof upon the Office of the Secretary of State.

7. **Address** to which a person may mail a copy of any process against such foreign limited liability company:

_____

Address **City** **State** **Zip Code**

The application for withdrawal <u>shall</u> be executed by a manager, member, or other person.

- Signature: _____ Dated: _____
- Printed Name: _____

(SOS FORM 0084-07/26)

Oklahoma Secretary of State
Request to receive documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)