



**State of Missouri**  
John R. Ashcroft, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

**Notice of Winding Up for Limited Liability Company**

*(Submit with filing fee of \$25.00)*

1. The name of the limited liability company is \_\_\_\_\_ Charter #: \_\_\_\_\_

2. The articles of organization for the limited liability company were filed on the following date \_\_\_\_\_  
*Month/Day/Year*

3. Persons with claims against the limited liability company should present them in accordance with the following procedure:

A. In order to file a claim with the limited liability company, you must furnish the following:

- i. Amount of the claim
- ii. Basis for the claim
- iii. Documentation of the claim

B. Claims must be mailed to:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City/State/Zip*

4. A claim against the limited liability company will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of the notice.

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_