

Nonrefundable Filing Fee: \$25.00

No personal or business checks accepted.

Payment of the filing fee should be **ONLY** in the form of **CASH, CERTIFIED/CASHIER'S CHECK, BANK/POSTAL MONEY ORDER OR CREDIT CARD (VISA OR MasterCard).**

Make check or money order payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.



ARTICLES OF TERMINATION

(Section 428-805, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, submitting these Articles of Termination, certify as follows:

1. The name of the limited liability company is:

2. Please check one:

[] The notice of intent to terminate was published on: _____
(Month Day Year)

in the _____ ; OR
(Name of Newspaper)

[] Publication was not made.

- 3. All debts, obligations, and liabilities of the limited liability company have been paid and discharged or adequate provision has been made therefor.
4. All the remaining property and assets of the limited liability company, if any, have been distributed among its members in accordance with their respective rights and interests.
5. There are no suits pending against the limited liability company in any court, or adequate provision has been made for the satisfaction of any judgment, order, or decree which may be entered against the limited liability company in any pending suit.
6. The limited liability company's business has been wound up.
7. The legal existence of the limited liability company is terminated effective on the date and time of filing these Articles of Termination or on a later date and time, not more than 30 days after the filing, if so stated. The effective date cannot be before the date of filing these Articles of Termination. Termination is effective (check one):

[] on the date and time of filing these Articles of Termination; OR

[] on _____, at _____ .m., Hawaiian Standard Time,
(Month Day Year)

which is not more than 30 days after these Articles of Termination is filed.

We certify, under the penalties set forth in the Hawaii Uniform Limited Liability Company Act, that we have read the above statements, we are authorized to make this change, and that the statements are true and correct.

Signed this _____ day of _____, _____

(Type/Print Name & Title)

(Type/Print Name & Title)

(Signature)

(Signature)

SEE INSTRUCTIONS ON REVERSE SIDE. Articles must be signed and certified by at least one manager of a manager-managed company or by at least one member of a member-managed company.

Instructions: Articles must be typewritten or printed in **black ink**, and must be **legible**. The articles must be signed and certified by at least one manager of a manager-managed company or by at least one member of a member-managed company. All signatures must be in **black ink**. Submit original articles together with the appropriate fee.

Line 1. State the full name of the limited liability company.

Line 2. Check whether the notice of intent to terminate was published or not. **DO NOT CHECK BOTH.**

If the notice was published once a week for four successive weeks in a newspaper of general circulation in the State of Hawaii, list the four dates (month, days and year) of publication and the name of the newspaper in which the notice was published.

Line 7. Check whether the termination is to be effective on the date and time of filing these Articles of Termination or on a subsequent date and time. If a later date is selected for the effective date of termination, give the date (month, day and year) and time that the termination will be effective. The date cannot be prior to the filing of these Articles of Termination and cannot be more than thirty (30) days after the filing of these Articles of Termination.

Filing Fees: *Filing fee (\$25.00) is not refundable. No personal or business checks accepted.* Payment of the filing fee should be **ONLY** in the form of **CASH, CERTIFIED/CASHIER'S CHECK, BANK/POSTAL MONEY ORDER OR CREDIT CARD (Visa or MasterCard)**. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

For any questions call (808)586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai and Molokai 1-800-468-4644 (toll free).

Fax: (808)586-2733 Email Address: breg@dcca.hawaii.gov

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.

ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION 92F-11, HRS)