



ARTICLES OF DISSOLUTION (CORPORATION)

Please complete the requested information below for your Articles of Dissolution. Infotax Square representative will begin processing your order upon receipt of payment.

CONTACT INFORMATION (This is where we will ship your documents)

First, Last Name: _____
Contact Address: _____
City, State, Zip: _____
Telephone Number: (_____) _____ - _____
Fax Number (if any): (_____) _____ - _____
Email Address: _____

BUSINESS OVERVIEW

Entity Name: _____
Date of Formation _____
(mm/dd/yy)
State of Formation _____
Employer ID Number: _____
Entity Address:
(if different from above) _____
City, State, Zip: _____

Registered Agent Name: _____
Registered Agent Address: _____

Has Company Issued Shares: Yes No

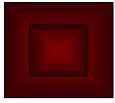
If Yes, please answer: Number of Authorized Shares: _____
Number of Issued Shares: _____
Shares Par Value: _____

Reason for Dissolving / Cancellation Not Conducting Business
 Other, Explain: _____

OFFICERS / DIRECTOR INFORMATION

NOTE: If you need more space please use a blank paper to fill in the information.

1. Officer / Director Name: _____ Title: _____
Complete Address: _____
2. Officer/member Name: _____ Title: _____
Complete Address: _____



InfotaxSquare  com[®]

Incorporate. LLC. Income Taxes. Business Taxes

PAYMENT OPTIONS

Check (payable to INFOTAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 11417

CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Article of Dissolution.



Card Type: Visa Master Card American Express Discover

First, middle, last Name: _____

Card Number: _____

Expiration Date: _____

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

Name / Signature

You can mail the form at:
Infotax Square
109-13 Centerville Street, Suite 3R
Ozone Park, NY 11417
Fax at: 718-732-2471