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FILE ONE ORIGINAL

(Two if you want a filed

stamped copy returned to you)

FEE: \$15.00

**WEST VIRGINIA
STATEMENT OF DISSOCIATION
FOR A LIMITED LIABILITY COMPANY**

Office Hrs: Monday - Friday

8:30 a.m. – 5:00 p.m. ET

**** In accordance with WV Code [§31B-7-704](#), the undersigned organization adopts the following ****
Articles of Dissociation:

1. The **name of the organization** is: _____

2. **Date of filing Articles of Organization or Certificate of Authority** with the West Virginia Secretary of State's Office: _____

3. The **name(s) and address(es) of the person(s) being dissociated** from the company:

<u>Name</u>	<u>Address</u>	<u>City, State, Zip Code</u>
_____	_____	_____
_____	_____	_____

4. **Contact name and phone number** to reach in case of a problem with filing: (Optional, however, listing one may help to avoid a return or rejection of filing if there is a problem with the document.)

_____ Phone Number

Business e-mail address, if any: _____

5. **Signature of person executing document** *(See below [Important Legal Notice Regarding Signature](#)):

Signature: _____ **Title:** _____

***Important Legal Notice Regarding Signature:** Per West Virginia Code [§31B-2-209](#). **Liability for false statement in filed record.** If a record authorized or required to be filed under this chapter contains a false statement, one who suffers loss by reliance on the statement may recover damages for the loss from a person who signed the record or caused another to sign it on the person's behalf and knew the statement to be false at the time the record was signed.