



FORM **524** Mandatory

**Foreign Withdrawal
Limited Liability Company**

Sec. 183.1011 Wis. Stats.

1. Name of the foreign limited liability company:

2. Jurisdiction under whose laws this Company is/was formed: _____
(state or country)

Street and mailing addresses of its principal office (and, if different, the street address of a required office in its home state or country, if any):

3. the foreign limited liability company states the following:

- The company is not transacting business in Wisconsin, and hereby surrenders its registration to do business in Wisconsin.
- The company revokes the authority of its registered agent to accept service on its behalf.
- The company consents to service of process under sec. 183.1010(3) and (4), Wis. Stats. in any civil, criminal, administrative, or investigatory proceeding based on a cause of action arising during the time the company was registered to do business in Wisconsin.
- The company commits to notifying the Wisconsin Department of Financial Institutions in the future of any change in the mailing address of the foreign limited liability company principal office.

4. This document is to be signed by a person(s) authorized by the company:

Execution date: _____ (signature)

(title: manager, member or Attorney-in-Fact only)

5. This document was drafted by _____
(Name the individual who drafted the document)

Office Use Only

FOREIGN LIMITED LIABILITY COMPANY WITHDRAWAL

▲ Please provide an email or postal mailing address for the filed copy of the document.

Your **phone number** during the day: _____

INSTRUCTIONS (Ref. sec. 183.1011 Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with the \$40.00 filing fee, payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit www.wdfi.org/contact_us/ for current physical address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

1. The name of the company.
2. Indicate the state or country under whose jurisdiction this company is formed, and provide the street and mailing addresses of the limited liability company's principal office, or, if different, the street address of a required office in its home state or country, if any.
3. Required statements. The company commits to notify the department of any change to the stated principal office address.
4. The document is to be executed by a manager, member or attorney-in-fact.
5. If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the individual who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.