



FORM **524** Mandatory

**Foreign Limited Liability Company
 Application for Certificate of Withdrawal**

[Chapter 183.1011 Wis. Stats.](#)

- Name of the Foreign Limited Liability Company: _____
- Organized under the laws of: _____
- The address to which a person may mail a copy of any process against the Foreign Limited Liability Company is:

 (Street Address)

 (City, State and Zip Code)

- The Foreign Limited Liability Company states the following:
 - The Foreign Limited Liability Company is not transacting business in Wisconsin, and hereby surrenders its authority to transact business in Wisconsin.
 - The Foreign Limited Liability Company revokes the authority of its registered agent to accept service on its behalf.
 - The Foreign Limited Liability Company consents to service of process under [s. 183.1010 \(3\) and \(4\)](#) in any civil, criminal administrative or investigatory proceeding based on a cause of action arising while it was authorized to transact business in this state.
 - The Foreign Limited Liability 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.

- This document was executed on behalf of the business corporation on: _____
 (MM/DD/YYYY)

 (Print name of individual who executed)
 Check one title: Manager Member Attorney-in-fact

 (Signature of individual who executed)

Submit this form along with the non-refundable filing fee of **\$40.00** to the address listed below. Make remittance payable to the [Department of Financial Institutions](#). **Optional expedited service:** The non-refundable expedited service fee of **\$25.00** is in addition to the filing fee required for this document to be processed, and provides the document will be processed in an expeditious manner. **For answers to frequently asked questions, please see: [Form 524 Instructions](#)**

This form may be used to accomplish a filing with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Mailing Address:
 State of WI – Dept. of Financial Institutions
 Box 93348
 Milwaukee WI 53293-0348

Physical Address for Express Mail/Courier:
 Department of Financial Institutions
 Division of Corporate & Consumer Services
 201 W. Washington Ave – Suite 300
 Madison WI 53703

Contact Information
 Phone: 608-261-7577
 Web: www.wdfi.org
 TTY: 711



OFFICE USE ONLY



OPTIONAL

6. State a delayed effective date of the application for Certificate of Withdrawal under [s. 183.0111\(2\)](#).

This document has a delayed effective date of: _____
 (MM/DD/YYYY)

7. Contact information:

_____	_____	_____
(Name)		
_____	_____	_____
(Address)		(Phone Number)
_____	_____	_____
(City, State and Zip Code)		(Email Address)

SAVE TIME AND MONEY!
SUBMIT YOUR
WITHDRAWAL ONLINE AT
www.wdfi.org

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