



FORM **510-I**

Limited Liability Company Statement of Dissolution or Termination

INFORMATION AND INSTRUCTIONS

Form 510 may be used to file a statement of dissolution or termination for a limited liability company ("LLC"). An LLC is not required to use the form to file its statement of dissolution or termination; however, if an LLC does not want to use the form, it will need to ensure that it provides the Department of Financial Institutions ("department") with all of the information that is required by [s. 183.0702, Wis. Stats.](#), at the time it files. Please note that this form contains only the minimal information required by [s. 183.0702, Wis. Stats.](#), and may not meet every LLC's needs. Department staff cannot provide legal advice regarding this matter.

Upon receipt of this document, the department shall stamp or otherwise endorse the date of receipt on the original. The department may return an acknowledgement copy as confirmation of the date of receipt.

INSTRUCTIONS:

1. Enter the name of the limited liability company.
2. Select whether the entity is being dissolved or terminated. For a list of the events causing dissolution and other legal provisions relating to the dissolution and winding up of limited liability companies, review subchapter VII (entitled "Dissolution and Winding Up") of chapter 183 of the Wisconsin Statutes.
3. The document must be executed by one or more persons authorized by the company. If the record is being filed on behalf of a dissolved company that has no member, it must be signed by the person winding up the company's business under s. 183.0702(3), Wis. Stats., or by a person appointed under s. 183.0702(4) to wind up the business.

Drafter name. If the document is executed in Wisconsin, section 182.01(3) of the Wisconsin Statutes requires that it include the name of the drafter. If the document is not executed in Wisconsin, so indicate in the space provided for the drafter's name.

Optional delayed effective date/time. This document may declare a delayed effective date and time. The effective date/time may not be before, or more than 90 days after, the document is received by the Department of Financial Institutions for filing. If no effective date/time is specified, the document will take effect at the close of business on the date it is received for filing by the Department.

4. Enter your contact information, so we may send you an acknowledgement of this filing. You may optionally include an email address and a phone number where we may reach you for questions.

NONREFUNDABLE FILING FEE: Make **\$35.00** remittance payable to the [Department of Financial Institutions](#). *Optional expedited service:* The nonrefundable expedited service fee of **\$100.00** 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.

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
4822 Madison Yards Way, North Tower
Madison WI 53705