



FORM **524-I**

**Foreign Limited Liability Company
Statement of Withdrawal**

INFORMATION AND INSTRUCTIONS

Form 524 is mandatory and must be used to file for the Statement of Withdrawal for a Foreign Limited Liability Company ("LLC"). Please note that this form contains required information under [s. 183.1011, Wis. Stats.](#) 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 foreign limited liability company and the state or country under whose law you are organized.
2. Enter the mailing address of the foreign limited liability company's principal office. If the foreign limited liability company has no principal office, enter an alternative address to which service of process may be made.
3. Specify whether the foreign limited liability company revokes the authority of its registered agent in Wisconsin to accept service on its behalf. If the authority of the registered agent is revoked, service of process may be made upon the foreign limited liability company as provided in ss. [183.0119 \(2\), \(3\), or \(5\), Wis. Stats.](#) as applicable.
4. By signing this document, 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 consents to service of process under [s. 183.0911\(2\), Wis. Stats.](#) 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 Department of Financial Institutions in the future of any change in the mailing address of the Foreign Limited Liability Company principal office.
5. Enter the date the document is executed, and identify the person who executed this document. This document shall be executed by an individual authorized by the foreign limited liability company. The person executing the document shall sign it and state the capacity in which the person signs. The person executing the document may do so as an attorney-in-fact. Powers of attorney relating to the execution of the document do not need to be shown to or filed with the department.
6. *Delayed Effective Date, If applicable:*
Subject to the conditions set forth in [s. 183.0207, Wis. Stats.](#), a document filed by the department under Ch. 183 is effective on the date it is received by the department for filing, unless a delayed (future) effective date is declared in the document. To name a delayed effective date, enter the future effective date on the appropriate space on the form. The delayed effective date may not be more than 90 days after the date the document is received by the department.
7. 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 **\$40.00** 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.

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
4822 Madison Yards Way, North Tower
Madison WI 53705