



Business Program
 Colorado Secretary of State
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Statement of Dissolution of Delinquent Entity

Filed pursuant to §7-90-908 of the Colorado Revised Statutes (C.R.S.)

Section 1 – Entity information

The entity ID number and the entity name of the delinquent entity are

Entity ID number (Colorado Secretary of State ID number)

Entity name:

Section 2 –Principal office address

The principal office address of such entity's principal office is

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

Section 3 – Failure to cure delinquency

If the following statement is adopted by marking the box.

The entity is delinquent and has failed to cure its delinquency for three years or more.

Section 4 – Notice of dissolution

If the following statement is adopted by marking the box.

At least thirty days prior to the delivery of the Statement of Dissolution of Delinquent Entity to the Secretary of State, the delinquent entity delivered written notice of the delinquent entity's plan to file a Statement of Dissolution of Delinquent Entity to all owners and other persons having authority under the organic statutes and under its constituent operating document to bring about or prevent dissolution of the entity and the delinquent entity has not received, as of the date the Statement of Dissolution of Delinquent Entity is delivered for filing to the Secretary of State, written objections to dissolution from such number of such owners and other persons as would be sufficient to prevent voluntary dissolution of the delinquent entity under the organic statutes and its constituent operating document.

Section 5 – Additional information

If applicable, adopt the statement by marking the box and include an attachment.

The document contains additional information as provided by law.

Section 6 – Delayed effective date (if applicable)

If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.

The delayed effective date and, if applicable, time of this document are

Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. If you don't enter a specific time, the filing will take effect at 11:59 PM. Times are MST/MDT.

Section 7 – Notice of perjury

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

Section 8 – Filer information

The true name and mailing address of the individual causing the document to be delivered for filing are:

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>

If applicable, adopt the following statement by marking the box and include an attachment:

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Section 9 – Disclaimer

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet.

Questions should be addressed to the user's legal, business or tax advisor(s).