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Hrs: 8:30 a.m. – 5:00 p.m. ET

**FILE ONE ORIGINAL**  
(Two if you want a filed  
stamped copy returned to you)  
**FEE: \$15.00**

**WEST VIRGINIA  
STATEMENT OF DISSOCIATION  
FOR A LIMITED LIABILITY COMPANY**

**In accordance with WV Code §31B-7-704, the undersigned organization adopts the following Articles of Dissociation:**

1. The name of the organization is: \_\_\_\_\_

2. Date of filing Articles of Organization or Certificate of Authority with the WV Secretary of State's Office: \_\_\_\_\_

3. The name and address of the person(s) being dissociated from the company:

Name	Address	City, State, Zip
_____	_____	_____
_____	_____	_____

4. Contact name and number of person to reach in case of problem with filing: (optional, however listing one may help to avoid a return or rejection of filing if there is a problem with the document)

\_\_\_\_\_

Contact Name	Phone Number
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Business e-mail address, if any: \_\_\_\_\_

5. Signature of person executing the document:

Signature	Title/Capacity (Example: member, manager, etc.)
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