

Please note: If it is more convenient we will happily take your order information via email in your own words or with your own prepared documents.

Our Order Forms are only a guide line of the information we will need to prepare the paperwork for filing and completing your order.

Attention: We now have available **Commercial and Personal Insurance** for all your needs - Workers Comp, Disability, Business, Property, Auto, Umbrella, etc...

Our professional customer service department is always available to answer any questions or assist with anything you need and can be reached via email info@acs123.com or phone [800-906-9220](tel:800-906-9220).



ALLSTATE CORPORATE SERVICES

Nationwide Corporate Filing & Research Services

Entity Dissolution / Withdrawal Service Order Form

Today's Date _____ Allstate Account # _____ Your Name _____

Your Firm / Name _____

Your Phone # _____ Your Fax # _____

Address for delivery of Corporate Documents _____



1. Indicate Level of Service requested: Expedited _____ [or] Standard _____
An additional State Fee will apply for expedited services

2. You would like to Dissolve/Surrender Authority of _____ in State of _____
Options are: Corporation, LLC, PLLC, PC, LP, LLP, Not-for-Profit

3. The Original State of Formation is _____ Date Formed _____

4. If this is a foreign entity: The Date of Registration in this State _____

5. List any Fictitious Names used _____

6. Company Name _____
The name ending: Incorporated, Inc., Corporation, Corp., Limited, Ltd., Company, Co., Limited Liability Company, LLC, Limited Company, LC

If the name of the Company has been changed, please enter the original name under which it was formed.

7. Original Company Name _____

8. Principle Business Address _____
County _____

9. Federal EIN / Tax ID # _____

Director / Member / Manager / Officer Information (You must have a minimum of one who authorizes this Filing)

If an LLC, is it : Member managed _____ Manager managed _____ Single Member _____ Multi Member _____

10. Name _____ SS # _____ Title _____
Address _____

11. Name _____ SS # _____ Title _____
Address _____

In order to dissolve a corporation, we must request consent to dissolution from the Tax Department. The Tax Department will not consent to the dissolution of a business corporation unless the Franchise Tax Returns are filed and its Franchise Taxes are paid. Also, any liability for other taxes administered by the Tax Department must be satisfied. If there are delinquent returns or tax liabilities, the Tax Department will notify us upon the request for consent to dissolution. Once the consent to dissolution has been granted, we will then submit the Certificate of Dissolution for filing with the Secretary of State. You will be charged a Special Agency Clearance fee of \$40.00 per step, regardless of whether consent is granted.