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For Office Use Only

Limited Liability Company Application for Certificate of Transfer

The undersigned Limited Liability Company hereby applies for a Certificate of Transfer from the state of Wyoming, and for that purpose submits the following statements:

1. Limited liability company name:

2. The name by which the limited liability company will be known in the foreign jurisdiction:
(Leave this portion blank if no change is being made to the name.)

3. The company hereby requests a Certificate of Transfer from the state of Wyoming, and wishes to become formed under the laws of the state or nation of:

3. Name and address of the proper officer of the new state or nation.
(This office shall immediately transmit a notice of issuance of a certificate of transfer to the proper officer of the jurisdiction to which the limited liability company is transferred.)

Recipient:

Office Address:

6. The limited liability company shall maintain within the State of Wyoming an agent for service of process for at least one (1) year after the transfer is effected. The address of such registered office in Wyoming, and the name of the registered agent at that address is:

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

7. **Certifications.** *The following certifications must be completed in order for the Certificate of Transfer to be valid. The signatory executing the document must initial next to each line.*

I hereby certify that the limited liability company shall surrender its certificate of organization under the Limited Liability Company Act upon the effectiveness of the transfer.

I hereby certify that the transfer of the limited liability company was duly approved by the members in the manner required by the Limited Liability Company Act.

I hereby certify that I have attached a copy of the company resolution authorizing the transfer of the limited liability company from the state of Wyoming to the new jurisdiction.

8. Any other terms and conditions of the transfer.

Signature: _____
(May be executed by a member, manager, or other authorized individual as set forth in the operating agreement.)

Date: _____
(mm/dd/yyyy)

Print Name:

Contact Person:

Title:

Daytime Phone Number:

Email:

*(Email provided will filing evidence)
May list multiple email addresses

Checklist

Filing Fee: \$50.00 Make check or money order payable to Wyoming Secretary of State.

Please submit one **originally signed** document.

A copy of the **company's resolution** authorizing the transfer to the new jurisdiction is required.

Please note that **not all jurisdictions accept Certificate of Transfer documents**. Contact the appropriate authority in the new jurisdiction before proceeding with the transfer.

Typical processing time is 3-5 business days following the date of receipt in our office.

Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.