

**CERTIFICATE OF DISSOLUTION OF TRADE NAME**

By Business Registered with the State Corporation Commission

Certificate to be filed by person(s) dissolving a business registered in the Commonwealth of Virginia under an assumed or fictitious name.

I/we \_\_\_\_\_,

hereby certify that I/we dissolve the business of (enter name of business)

\_\_\_\_\_ which was located at: \_\_\_\_\_

My/our Post Office address is: \_\_\_\_\_

My/our Residence address is: \_\_\_\_\_

Type of Fictitious Name Recorded: Corporation \_\_\_\_\_ Limited Liability Co (LLC) \_\_\_\_\_  
General Partnership \_\_\_\_\_ Limited Partnership (LP) \_\_\_\_\_

This fictitious name was originally filed under instrument number; \_\_\_\_\_  
Or Book#: \_\_\_\_\_, Page #: \_\_\_\_\_, on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Legal Name of Business Registered with SCC

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

Commonwealth of Virginia

County/City of \_\_\_\_\_ to wit:

I, the undersigned Deputy Clerk (Notary Public) in and for the Commonwealth and County aforesaid, do hereby certify that \_\_\_\_\_, whose name(s) is/are signed to the foregoing and hereunto annexed Certificate dated the \_\_\_\_\_ day of \_\_\_\_\_, has/have this day personally appeared before me and acknowledged the same before me in my office.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk (Notary Public)

My Commission Expires: \_\_\_\_\_

My registration number is: \_\_\_\_\_