

Certificate of Dissolution of Trade Name
By Businesses Registered with the State Corporation Commission

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

I/we _____, do hereby certify that I/we dissolve the business of _____,

(fictitious trade name of business)

which was located at _____
(Address) (City) (State) (Zip Code)

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 in Book # _____, Page # _____, on the _____ day of _____, _____.

Legal Name of Business Registered with SCC

BY: _____
Signature of Officer

TITLE: _____

Commonwealth of Virginia
County of Fairfax, 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 on: _____

My registration number is: _____ (VA Notaries only)