

**WRITTEN DECLARATION UNDER PENALTIES OF PERJURY  
FOR INACTIVE OR CLOSED BUSINESS**

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your SSN (last four digits only): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Your Status (Circle one):                      Sole Owner / Co-Owner / Authorized Agent

Co-Owner Information:                      If Co-Owner, list all owners and percentage  
of ownership:

\_\_\_\_\_ %

\_\_\_\_\_ %

Date of Dissolution of Business: \_\_\_\_\_

**Sunbiz.org Report Attached (required):\***                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

\*Attach explanation if no report from Sunbiz.org

I certify that:

- The information written above is true and accurate;
- I am legally authorized to receive payments and funds on behalf of the inactive, closed, or dissolved business; and
- I will indemnify and hold harmless persons who rely on this Declaration from claims by anyone else who asserts rights to receive payments or funds on behalf of the aforementioned business.

Pursuant to Fla. Stat. § 92.525, under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true.

\_\_\_\_\_  
Your Signature

Date: \_\_\_\_\_