



**DO NOT STAPLE**

FORM **398/598**

**STATEMENT OF NONAPPLICABILITY**

Ch. 179 and 183, Wis. Stats.

Entity Name:		
Indicate (X) Entity Type	<input type="checkbox"/> Limited Partnership (Ch. 179, Wis. Stats.) <input type="checkbox"/> Limited Liability Company (Ch. 183, Wis. Stats.)	Organized under the laws of _____ (state or country)

**ABOUT THIS FORM:** This document relates to 2021 Wisconsin Act 258, which—among other revisions—repeals and recreates chs. 179 and 183 effective January 1, 2023. An entity formed prior to that date can choose to continue to be governed by the current version of those chapters (chs. 179 and 183, 2019 Stats.), rather than the new law, by filing a statement of nonapplicability. Statements of nonapplicability must be filed no later than December 31, 2022.

*Note:* The filing of this statement of nonapplicability does *not* permit an entity to avoid any applicable requirements under the new law relating to filing or obtaining copies of records with the department (including annual reports), receiving or responding to notices from the department, or complying with administrative rules.

An entity that files a statement of nonapplicability may subsequently elect to be subject the new version of ch. 179 or 183, as applicable, by filing a statement of applicability with the department. Statements of applicability are not revocable.

**Statement of Nonapplicability**

**FOR LIMITED PARTNERSHIPS:** The entity identified above has elected, in a manner allowed by law for amending its partnership agreement, to continue to be subject to ch. 179, 2019 Stats.

**FOR LIMITED LIABILITY COMPANIES:** The entity identified above has elected, in a manner allowed by law for amending its operating agreement, to continue to be subject to ch. 183, 2019 Stats.

Printed name of signer: \_\_\_\_\_

Title of signer: \_\_\_\_\_

**Attestation:** The undersigned is authorized under governing law to sign this Statement on the entity's behalf.

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

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

**Contact Information:**

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Name

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Mailing Address

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City	State	Zip Code
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Email Address	Phone Number
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**INSTRUCTIONS** Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, PO Box 7846, Madison WI 53707-7846. If sent by Express or Priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705. This document can be made available in alternate formats upon request to qualifying individuals with disabilities. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.