

KANSAS SECRETARY OF STATE
Limited Liability Partnership
Cancellation of Statement of Qualification

All information on this form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

GENERAL FILING INSTRUCTIONS

| Filing fee | The filing fee for this document is \$35. | | |
|----------------------------------|--|--|--|
| Payment | Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information: | | |
| | Credit card number | | |
| | Billing zip code Expiration date | | |
| | NOTICE: There is a \$25 service fee for all returned checks. | | |
| Daytime phone and contact person | | | |
| Certified Copy | A foreign limited liability partnership may file a certified copy of a statement of cancellation filed in another state instead of this form. | | |
| Signature | This form must be signed by at least two partners. K.S.A. 56a-105(c). | | |



KANSAS SECRETARY OF STATE Limited Liability Partnership Cancellation of Statement of Qualification



Kansas Office of the Secretary of State:

 Memorial Hall, 1st Floor
 (785) 296-4564

 120 S.W. 10th Avenue
 kssos@sos.ks.gov

 Topeka, KS 66612-1594
 https://sos.ks.gov

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| 1. | Business entity ID number: | | | | | |
|-----------------------------------|---|-------|-----|------|--|--|
| | Not Federal Employer ID Number (FEIN). | | | | | |
| 2 | Name of northern line | | | | | |
| 2. | Name of partnership: Must match name on record with Secretary of State. | | | | | |
| 3. | The limited liability partnership cancels its statement of qualification. | | | | | |
| 4. | We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that we have remitted the required fee. | | | | | |
| Signature of Partner | | Month | Day | Year | | |
| Χ | | | | | | |
| Name of Signer (Printed or Typed) | | | | | | |
| Signature of Partner Mont | | | Day | Year | | |
| Χ | | | | | | |
| Name of Signer (Printed or Typed) | | | | | | |

Please review to ensure completion.