

CS

KANSAS SECRETARY OF STATE **Certificate of Cancellation of Certificate** of Designation

**GENERAL FILING INSTRUCTIONS** 

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

| 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. <b>Please do not send cash.</b> |
|                                  | Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:  |
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| Daytime phone and contact person |   |
| No duplicate copies              | Please do not send duplicate copies of documents. The original is processed, file stamped and returned by mail to the address provided.   |
| No email                         | Filings are not accepted by email.  |
| No filing by phone               | No documents or reports can be filed with our office by phone.  |
| Public Information               | All information filed with our office is available to the public, and much of it may be viewed online without cost. Please consider this when providing information on our forms.   |



## CS

## KANSAS SECRETARY OF STATE Certificate of Cancellation of Certificate of Designation



Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 kssos@ks.gov https://sos.ks.gov

| 1.    | Name of limited liability company:   |  |
|-------|--|--|
|       | Must match name on record with the Secretary of State.   |  |
| 2.    | Name of series:  |  |
|       | Must match name on record with the Secretary of State.   |  |
|       |  |  |
| 3.    | Business entity ID/file number of series:  |  |
|       | Not Federal Employer ID Number (FEIN).   |  |
| 4.    | I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and |  |
|       | <b>correct.</b> (The signature of one or more authorized persons is required.)                                   |  |
| Signa | ature of Authorized Person   |  |
| \ ,   |  |  |
| Х     |  |  |
| Signa | ature of Authorized Person   |  |
| Х     |  |  |