

Please
Do Not
Staple

KC

KANSAS SECRETARY OF STATE
**Kansas Limited Liability Company
Certificate of Cancellation**

GENERAL FILING INSTRUCTIONS

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

File a cancellation online at **sos.ks.gov**.
LLCs with series must use Form KC.

Filing fee

The filing fee for this document is **\$35**. There is an additional **\$20** filing fee for each series listed in the attachment.

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

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.

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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

1. Business entity ID/file number:

Not Federal Employer ID Number (FEIN).

[Empty input field for Business entity ID/file number]

2. Name of limited liability company:*

Must match name on record with Secretary of State.

[Empty input field for Name of limited liability company]

*If the limited liability company listed above has filed any certificate of designation to form a series, every series of the limited liability company that has not previously canceled will be canceled with the filing of this form. Use the attachment provided to list all series to be canceled.

3. Reason for cancellation:

[Empty input field for Reason for cancellation]

4. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct. (The signature of one or more authorized persons is required.)

Signature of Authorized Person

X

Name of Signer (Printed or Typed)

[Empty input field for Name of Signer]

