

CLP
53-02

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

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 www.sos.ks.gov

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

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> Filing fee	The filing fee for this document is \$35 .
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
<input type="checkbox"/> Submission	If this form is submitted after the close of the entity's tax year, an annual report and fee must be submitted along with or prior to cancellation. If the entity has forfeited, it must reinstate before cancellation.
<input type="checkbox"/> 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.
<input type="checkbox"/> Signature	This form must be signed by at least two partners. K.S.A. 56a-105(c).

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THIS SPACE FOR OFFICE USE ONLY.

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1. Business entity ID number:

Not Federal Employer ID Number (FEIN).

2. Name of partnership:

Must match name on record with Secretary of State.

3. The limited liability partnership cancels its statement of qualification.

4. Future Effective date:

A future effective date must be within 90 days of filing date

Upon filing

Future effective date:

Month

Day

Year

5. 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

X

Name of Signer (Printed or Typed)

Signature of Partner

Month

Day

Year

X

Name of Signer (Printed or Typed)