

**STATE OF ALABAMA**

**DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP)  
STATEMENT OF CANCELLATION**

**PURPOSE:** In order to cancel the Statement of Limited Liability Partnership (LLP) under Section 10A-1-9.11 and 10A-8A-10.01(m) of the Code of Alabama 1975 this Statement of Cancellation and the appropriate filing fees **must be filed with the Office of the Alabama Secretary of State**. The information required in this form is required by Title 10A.

**INSTRUCTIONS:** Mail one (1) signed original and one copy of this completed form and the appropriate filing fee to the Office of the Alabama Secretary of State where the Statement of Limited Liability Partnership was filed. **The filing fee is \$100.00 for standard processing or \$200.00 for expedited processing within 24 hours after receipt by the Office of the Secretary of State is requested (10A-1-4.31)**. Once the Secretary of State's Office has indexed the filing, the information will appear at [www.sos.alabama.gov](http://www.sos.alabama.gov) . Business Services (below picture), Business Entity Search – you may search by entity name or number. Your Cancellation will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).

**The information completing this form must be typed.**

1. The name of the Limited Liability Partnership as recorded on the Statement of LLP:

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2. Alabama Entity ID Number (Format: 000-000): \_\_\_\_\_ - \_\_\_\_\_ **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) . Business Services (below picture), Business Entity Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

This form was prepared by: (type name and full address)

<b>(For SOS Office Use Only)</b>
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**DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP) STATEMENT OF CANCELLATION**

3. The date the Registration was filed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (format MM/DD/YYYY)

4. The Office in which the Statement of LLP & Amendments were filed: \_\_\_\_\_  
\_\_\_\_\_

5. Street (**No PO Boxes**) address of principal office of limited liability partnership:  
\_\_\_\_\_

Mailing address of principal office (if different from street address):  
\_\_\_\_\_

6. The name of the Registered Agent: \_\_\_\_\_

7. Street (**No PO Boxes**) address of Registered Office – must be the location of Registered Agent (if different from principal office address):  
\_\_\_\_\_

Mailing address of Registered Office/Agent (if different from street address): \_\_\_\_\_  
\_\_\_\_\_

8. This statement of cancellation was approved in accordance with 10A-8A-10.01(m)(5) of the Code of Alabama 1975.

9. Delayed effective date of the Cancellation of Registration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (format MM/DD/YYYY) - must be the date later than the date the filing is received by the filing office. **Filing date will be the effective date if a later date is not provided.**

10. The filing of this Statement of Cancellation of Limited Liability Partnership by or on behalf of a partnership pursuant to this section is effective, and the partnership ceases to be a Limited Liability Partnership, and shall not, unless otherwise specifically provided by attachment, cause the dissolution of the partnership.

11. The person filing this statement shall promptly send a copy of this Statement of Cancellation to every nonfiling partner and to any other person named as a partner.

\_\_\_\_\_ **Exception to Filing Order:** The filer certifies that this entity was created by an act of the Legislature prior to the adoption of the Constitution of Alabama of 1901, or was formed as a result of a merger, share exchange, or conversion and may be filed first with the Secretary of State of Alabama with copies and fees for the County Probate Office included in the filing pursuant to 10A-1-4.02(c)(4).

**DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP) STATEMENT OF CANCELLATION**

**Must be executed by one or more partners authorized to execute Statement of Cancellation.**

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Partner Signature as required by 10A-8-1.06(c)

\_\_\_\_\_  
Typed Name of Above Partner Signature

\_\_\_\_\_  
Partner Signature as required by 10A-8-1.06(c)

\_\_\_\_\_  
Typed Name of Above Partner Signature

**Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:** If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing or provide an email return on this form, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee and expedite fee but will not show convenience fees which will be charged; (generally these fees are between 2% and 5% of the total charge).

**Information MUST be typed or filing will be returned without review.**

Entity Name: \_\_\_\_\_

AL Entity ID Number of converting entity: \_\_\_\_\_ - \_\_\_\_\_ (ex: 000-000)

Service Requested:     \$100.00 Cancellation filing fee  
                                  \_\_\_\_\_ \$100.00 Expedited Processing fee **(must be included with initial filing)**

Hold at Front Desk for Pick-up by: \_\_\_\_\_  
(Service providers who run couriers for pick-up)  
**There is no notification service and there will not be a call for pick-up.**

Return via email (only one email): \_\_\_\_\_  
**No paper copy will be sent if email is provided.**

\_\_\_\_\_ Charge fees to prepaid account: Account Number \_\_\_\_\_  
and Account Name \_\_\_\_\_

\_\_\_\_\_  
Typed Name & Signature of Authorized Individual on Account

\_\_\_\_\_ Credit Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Card Number: \_\_\_\_\_ Expiration Mo/Yr: \_\_\_\_/\_\_\_\_ (MM/YY)

Card Holder Name: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_  
Street or PO

\_\_\_\_\_ City State Zip

Signature of Card Holder: \_\_\_\_\_  
**MUST be Signature of Card Holder**