

**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 (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$100.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616**. If the credit card does not authorize or if the check is dishonored, the filing will be removed from the index and of no legal effect. In the case of a dishonored check, a \$30 fee will be charged.

**This form must be typed.**

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

\_\_\_\_\_

2. Alabama Entity ID Number (Format: 000-000): \_\_\_\_\_ - \_\_\_\_\_ **TO OBTAIN ID NUMBER** Go to our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

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):

\_\_\_\_\_

**(For SOS Use Only)**

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

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

- 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY) must be 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 non-filing partner and to any other person named as a partner.

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

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

\_\_\_\_\_  
Partner Signature as required by 10A-8A-2.03(c)

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

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

\_\_\_\_\_  
Partner Signature as required by 10A-8A-2.03(c)

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

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

\_\_\_\_\_  
Partner Signature as required by 10A-8A-2.03(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 you will not receive a 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 but will not show convenience fees (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 #, required for all filings other than formation/registration: \_\_\_\_\_ - \_\_\_\_\_ (ex: 000-000)

Service Requested:  \$100.00 Dissolution/Cancellation filing fee

Hold at Front Desk for Pick-up by: \_\_\_\_\_

**There is no notification service/call for pick-up.** (Service providers who run couriers for pick-up)

**Choose one of the following:**

\_\_\_\_\_ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

\_\_\_\_\_ 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**