

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

STATEMENT OF CANCELLATION
DOMESTIC LIMITED LIABILITY PARTNERSHIP
SDCL 48-7A-1001.2

FILING FEE: \$10

Make check payable to SECRETARY OF STATE

1. The Name and Business ID of the LLP is:

Name (Note: This must be the exact name as registered.)

Business ID

2. Date of filing the Statement of Qualification: _____

3. If the cancellation is not to be effective upon filing, the deferred effective date shall be: _____

4. The reason for filing the Statement of Cancellation is:

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

This statement must be executed by at least two partners (SDCL 48-7A-105(c))

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name