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

## NOTICE OF CANCELLATION OF CERTIFICATE OF AUTHORITY

## FOREIGN LIMITED LIABILITY COMPANY

SDCL 47-34A-1007

**FILING FEE: \$10** 

Make check payable to SECRETARY OF STATE

The undersigned, on behalf of the limited liability company named below, hereby cancels the certificate of authority pursuant to SDCL 47-34A-1007.

| The Name and Business ID of the company is:                                    |  |              |
|--|--|--------------|
| Name (Note: This must be the exact limited liability company name)             | ne as registered.) Business ID                         |              |
| The cancellation must be signed by a member if the L managed.                  | _C is member-managed or by a manager if the LLC is     | manager-     |
| No person may execute this report knowing it is false penalty (SDCL 22-39-36). | n any material respect. Any violation may be subject t | to a crimina |
| Dated  | Signature of an authorized person                      |              |
| Email(Optional)  | Printed Name   |              |
|  | Title  |              |