

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CANCELLATION OF A FOREIGN LIMITED LIABILITY PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$10 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

The undersigned Limited Liability Partnership hereby cancels its statement of qualification under SDCL 48-7A.

1. The name of the limited liability partnership is _____

2. The date of filing the statement of foreign qualification: _____

3. The reason for filing the statement of cancellation.

I declare under penalty of perjury that the contents of the above statement are accurate. The statement must be executed by at least two authorized partners

Dated _____

(Signature of a partner)

(Printed Name)

Dated _____

(Signature of a partner)

(Printed Name)

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.