

Secretary of State Office  
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Pierre, SD 57501  
(605)773-4845  
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**STATEMENT OF CANCELLATION**  
**DOMESTIC LIMITED LIABILITY PARTNERSHIP**  
SDCL 48-7A-1001.2

Please Type or Print Clearly in Ink  
Please submit one **Original** and one **Photocopy**  
**FILING FEE: \$10** 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