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FC

**KANSAS SECRETARY OF STATE
Certificate of Cancellation of Registration
of Foreign Covered Entity**

**GENERAL FILING
INSTRUCTIONS**

All information on this form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Filing fee	The filing fee for this document is \$35 .
Payment	<p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash.</p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p>Credit card number _____</p> <p>Billing zip code _____ Expiration date _____</p> <p>NOTICE: There is a \$25 service fee for all returned checks.</p>
Daytime phone and contact person	_____
No duplicate copies	Please do not send duplicate copies of documents. The original is processed and returned to you by mail.
No email	Filings are not accepted by email.
No filing by phone	No documents or reports can be filed with our office by phone.
Public Information	All information filed with our office is available to the public. Please consider this when providing information on our forms.

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**KANSAS SECRETARY OF STATE
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**FC FORM
INSTRUCTIONS**

Note: Any foreign covered entity (corporation, limited liability company, limited partnership or limited liability partnership) may use this form to cancel its registration/qualification in Kansas.

A certificate of fact of dissolution or cancellation issued by the proper official of the state or other jurisdiction in which the foreign covered entity is organized may be filed in lieu of this form.

Question on Form

4. Address for process	A physical address must be given where the Secretary of State may mail any process against the entity.
5a. Statement of withdrawal of registration	This statement applies to corporations, limited liability companies and limited partnerships.
5b. Statement of cancellation of qualification	This statement applies to limited liability partnerships.
7. Signature	This form requires the signature of an officer, director, authorized person or partner with authority according to the organic documents of the entity in its home state/country.

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Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@ks.gov
Topeka, KS 66612-1594 https://sos.ks.gov

1. Business entity ID/file number:

Not Federal Employer ID Number (FEIN).

[Empty input field for Business entity ID/file number]

2. Name of business entity:

Name must match name on record with Secretary of State.

[Empty input field for Name of business entity]

3. State or foreign country of organization:

[Empty input field for State or foreign country of organization]

4. The Secretary of State may mail any process against the above-named entity to:

Must be a street address. A PO Box or Rural Route/Box is unacceptable.

Name		
Street Address		
City	State	Zip

5a. The above-named foreign corporation, limited liability company or limited partnership surrenders its authority to transact business in the state of Kansas and withdraws therefrom pursuant to K.S.A. 17-7936.

5b. The above-named foreign limited liability partnership cancels its statement of foreign qualification pursuant to K.S.A. 56a-1102 and 56a-105(d).

6. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

Signature	Name of Signer (Printed or Typed)
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