

**CLP**  
53-02

KANSAS SECRETARY OF STATE  
**Limited Liability Partnership  
Cancellation of Statement of Qualification**  
Instructions

**Kansas Office of the Secretary of State:**

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

The following form **must be complete** and accompanied by the **correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this document is <b>\$35</b> .
<input type="checkbox"/> <b>Payment</b>	<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. <b>Please do not send cash.</b></p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p><b>Credit card number</b> _____</p> <p><b>Billing zip code</b> _____ <b>Expiration date</b> _____</p> <p><b>NOTICE: There is a \$25 service fee for all returned checks.</b></p>
<input type="checkbox"/> <b>Daytime phone and contact person</b>	_____
<input type="checkbox"/> <b>Fax filing available</b>	<p>Documents may be fax filed for a processing fee of <b>\$20 in addition</b> to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to <b>Business Services, 785-296-4570</b>. Faxed documents that are without errors and received prior to 4:00 p.m. CT will receive that day's file date. Faxed documents received after 4:00 pm CT cannot be guaranteed to receive that day's filing date.</p> <p>Filed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day return faxing.</p>
<input type="checkbox"/> <b>Submission</b>	If this form is submitted after the close of the entity's tax year, an annual report and fee must be submitted along with or prior to cancellation. If the entity has forfeited, it must reinstate before cancellation.
<input type="checkbox"/> <b>Certified Copy</b>	A foreign limited liability partnership may file a certified copy of a statement of cancellation filed in another state instead of this form.
<input type="checkbox"/> <b>Signature</b>	This form must be signed by at least two partners. K.S.A. 56a-105(c).

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THIS SPACE FOR OFFICE USE ONLY.

**This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.**

**1. Business entity ID number:**

Not Federal Employer ID Number (FEIN).

**2. Name of partnership:**

Must match name on record with Secretary of State.

**3. The limited liability partnership cancels its statement of qualification.**

**4. Future Effective date:**

A future effective date must be within 90 days of filing date

Upon filing

Future effective date:

Month

Day

Year

**5. We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that we have remitted the required fee.**

Signature of Partner

X

Name of Signer (Printed or Typed)

Month

Day

Year

Signature of Partner

X

Name of Signer (Printed or Typed)

Month

Day

Year