

**GC**

**KANSAS SECRETARY OF STATE  
Cancellation of Statement  
Limited Liability Partnerships and  
General Partnerships**

**INSTRUCTIONS FOR FILING  
CANCELLATION OF STATEMENT**

**SUBMIT THE DOCUMENTS  
WITHOUT THIS PAGE**

***Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online.***

**How to complete the Cancellation of Statement for limited liability partnerships and general partnerships:**

Each of the numbered instructions below corresponds to a section on the form.

1. List the business's ID number issued by the Kansas Secretary of State (This is not a tax ID number). If the business is a general partnership that has not registered with the Kansas Secretary of State's Office, leave this section blank. ID numbers may be found by clicking on our website at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.
2. Provide the complete legal business name, including words of formation (e.g., LLP, Limited Liability Partnership, etc.)
3. Indicate the name of the statement that is to be cancelled (e.g., "Statement of Amendment," "Statement of Denial," etc.)
4. Two partners must sign.

**Fee Schedule**

**Cancellation of Statement**

The filing fee for the Cancellation of Statement is as follows:

LLP paper filing:..... \$35  
General partnership paper filing: ..... \$35

**Mail to:**

Kansas Secretary of State  
Docking State Office Building  
915 SW Harrison Street  
Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Make checks payable to the Kansas Secretary of State. Once processing the Cancellation of Statement is completed, a certified copy of the Cancellation of Statement will be mailed to the address of the sender.

# CREDIT/DEBIT CARD COVER PAGE

ONLY INCLUDE **ONE** CREDIT/DEBIT CARD COVER PAGE  
WHEN SUBMITTING MULTIPLE DOCUMENTS.

THE CREDIT/DEBIT CARD CAN BE CHARGED FOR ALL FEES DUE.

*Note: The credit/debit card information will be destroyed upon the filing of the document.*

## Contact Information

Contact Person

Direct Phone Number for Contact Person

## Payment Information

Name on Card

Credit/Debit Card Number

Expiration Date (MM/YY)

CVV (3 or 4 digit security code on back of card)

Billing Zip Code



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**Kansas Secretary of State**  
 Docking State Office Building  
 915 SW Harrison Street  
 Topeka, KS 66612

(785) 296-4564  
 kssos@ks.gov  
<https://sos.ks.gov>

**1. Business ID/file number:**

Kansas Secretary of State  
 issued file number.

**2. Name of business:**

Must match name on record with  
 the Kansas Secretary of State.

**3. The following  
 statement on file is  
 cancelled:**

Identify the name of the  
 statement.

**4. We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.** (At least two partners must sign.)

Signature of Partner

X

Signature of Partner

X