

**KC**  
53-02

KANSAS SECRETARY OF STATE  
**Kansas Limited Liability Company**  
**Certificate of Cancellation**  
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>	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.</b>
<input type="checkbox"/> <b>Submission</b>	If this form is submitted after the close of the entity's tax year, the annual report and fee must be submitted along with or prior to cancellation. If the LLC has forfeited, it must reinstate before cancellation.

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If the fiscal year end has passed, the annual report must be filed before the dissolution can be filed.

THIS SPACE FOR OFFICE USE ONLY.

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**1. Business entity ID number:**

Not Federal Employer ID Number (FEIN).

**2. Name of company:**

Must match name on record with Secretary of State.

**3. Reason for cancellation:**

**4. Effective date:**

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

Upon filing

Future effective date:

Month

Day

Year

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

Signature of Authorized Person

X

Name of Signer (Printed or Typed)

Month

Day

Year

Phone Number