



KANSAS SECRETARY OF STATE  
**Certificate of Cancellation**  
**Domestic (Kansas) Limited Liability**  
**Company**

**SUBMIT THE DOCUMENTS  
WITHOUT THIS PAGE**

## INSTRUCTIONS FOR FILING CERTIFICATE OF CANCELLATION

**Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online. File this document directly online at <https://www.sos.ks.gov/businesses/close-a-business.html>.**

### **How to complete the Certificate of Cancellation for a domestic (Kansas) limited liability company:**

Before proceeding, the business's status must be either in good standing or showing as registered. Businesses in a forfeited status must first reinstate to file a cancellation. Check the status of the business online at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.

More information on reinstating can be found online at <https://www.sos.ks.gov/businesses/reinstate-a-business.html>.

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). ID numbers may be found online at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.
2. Provide the complete legal business name, including words of formation (e.g., LLC, Limited Liability Company, etc.)
3. Provide the reason for filing the certificate of cancellation.
4. An authorized person on behalf of the business must sign.

**Certificate of Cancellation Attachment:** Only complete and submit the attachment if the LLC has filed a Certificate of Designation creating a series under the LLC. Otherwise, discard the attachment.

### **Fee Schedule**

#### **Certificate of Cancellation**

The filing fee for the certificate of cancellation is as follows:

Paper Certificate of Cancellation: ..... \$35 + \$20 per series  
Online Certificate of Cancellation: ..... \$30 (Series cannot be filed online)

### **Filing Online**

The certificate of cancellation may be filed directly online at <https://www.sos.ks.gov/businesses/close-a-business.html>.

### **Mail to:**

Kansas Secretary of State  
Memorial Hall, 1st Floor  
120 SW 10th Avenue  
Topeka KS 66612

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

**KC**

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**COVER PAGE**  
**CERTIFICATE OF CANCELLATION**

*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**

**Credit/Debit Card Number**

**Expiration Date**

**Billing Zip Code**

KC

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**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 https://sos.ks.gov

**Note: The status of the business must be either in good standing or registered. Businesses in a forfeited status must first reinstate before submitting this document. See instructions for details.**

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

Kansas Secretary of State  
issued file number.

**2. Name of limited liability  
company:**

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

**3. Reason for cancellation:**

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

Signature of Authorized Person

Name of Signer (Printed or Typed)

X



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**Attachment**

This attachment is for LLCs that have created at least one series by filing a certificate of designation. If the LLC has not filed a certificate of designation, discard this attachment.

All series to be involved with the certificate of cancellation for the LLC must be in good standing and be named on this attachment. A \$20 filing fee is required for each series in addition to the \$35 filing fee for the certificate of cancellation.

**Name and business entity  
ID/file number of each  
series:**

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

Name of Series	ID Number
Name of Series	ID Number
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If additional space is needed,  
please provide attachment.