

Please  
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Staple

**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.

File a cancellation of registration online at <https://sos.kansas.gov>.

<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 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 will receive that day's file date if they are without errors and received prior to 4 PM CST. Fax filing does not guarantee same day activation or return faxing.</p> <p>Processed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page.</p>
<input type="checkbox"/> <b>No duplicate copies</b>	Please do not send duplicate copies of documents. The original is processed, file stamped and returned by mail to the address provided.
<input type="checkbox"/> <b>No email</b>	Filings are not accepted by email.
<input type="checkbox"/> <b>No filing by phone</b>	No documents or reports can be filed with our office by phone.
<input type="checkbox"/> <b>Public Information</b>	All information filed with our office is available to the public, and much of it may be viewed online without cost. Please consider this when providing information on our forms.

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**KANSAS SECRETARY OF STATE  
Certificate of Cancellation of Registration  
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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.**

**If this form is submitted after the close of the entity's tax year, an annual report and fee must be submitted with or filed prior to the certificate of cancellation. If the entity has forfeited, it must reinstate before filing a certificate of cancellation.**

**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**

<b>4. Address for process</b>	A physical address must be given where the Secretary of State may mail any process against the entity.
<b>5a. Statement of withdrawal of registration</b>	This statement applies to corporations, limited liability companies and limited partnerships.
<b>5b. Statement of cancellation of qualification</b>	This statement applies to limited liability partnerships.
<b>7. Signature</b>	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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Certificate of Cancellation of Registration  
of Foreign Covered Entity**

Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594

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

53-02

THIS SPACE FOR OFFICE USE ONLY.

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

Not Federal Employer ID Number (FEIN).

**2. Name of business entity:**

Name must match name on record with Secretary of State.

**3. 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 P.O. 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. Effective date:**

<input type="checkbox"/> Upon filing with the Kansas Secretary of State	<input type="checkbox"/> Future effective date: (Cannot be later than 90 days after the date this certificate is filed.)	Month	Day	Year
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**7. I declare under penalty of perjury under 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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