

**STATE OF ALABAMA**

**DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP)  
STATEMENT OF CANCELLATION OF REGISTRATION**

PURPOSE: In order to cancel the registration of a Limited Liability Partnership (LLP) under Section 10A-1-9.11 and 10A-8-10.05 of the Code of Alabama 1975 this Statement of Cancellation of Registration and the appropriate filing fees **must be filed with the Office of the Judge of Probate in the county where the LLP's Registration document was recorded.** The information required in this form is required by Title 10A.

INSTRUCTIONS: Submit one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the Limited Liability Partnership's Registration was recorded. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate money order (**checks and credit/debit cards are acceptable if the account is not being closed due to the cancellation of the entity** – see payment options page attached) payable to the **Secretary of State for the state filing fee of \$100.00** for standard processing (no guaranteed processing time – dependent on volume and staffing) or \$200.00 for expedited processing (processed within approximately twenty-four (24) hours of receipt from the Probate Office) and the Judge of Probate's Office will transmit the fees along with a certified copy of the Cancellation to the Office of the Secretary of State within 10 days after the filing is recorded. Once the Secretary of State's Office has indexed the filing, the information will appear at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab and the Business Entity Records link – you may search by entity name or number. Your Cancellation will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

**(For County Probate Office Use Only)**

**The information completing this form must be typed.**

1. The name of the Limited Liability Partnership as recorded on the Registration:

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2. Alabama Entity ID Number (Format: 000-000): \_\_\_\_\_ - \_\_\_\_\_ **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab. Click on Business Entity Records, click on Entity Name, enter the registered name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

**(For SOS Office Use Only)**

This form was prepared by: (type name and full address)

**DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP) CANCELLATION OF REGISTRATION**

- 3. The date the Registration was filed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (format MM/DD/YYYY)
- 4. The County in which the Registration was filed: \_\_\_\_\_
- 5. Reason for filing the Cancellation of Registration: \_\_\_\_\_  
\_\_\_\_\_
- 6. Delayed effective date of the Cancellation of Registration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (format MM/DD/YYYY) - must be the date later than the date the filing is received by the filing office. **Filing date will be the effective date if a later date is not provided.**
- 7. The filing of this Statement of Cancellation of Registration by or on behalf of a partnership pursuant to this section shall be effective only to cancel the partnership’s registration as a Registered Limited Liability Partnership, and shall not, unless otherwise specifically provided by attachment, indicate the dissolution of the partnership.
- 8. The person filing this statement shall promptly send a copy of this Statement of Cancellation to every nonfiling partner and to any other person named as a partner.

\_\_\_\_\_ **Exception to Filing Order:** The filer certifies that this entity was created by an act of the Legislature prior to the adoption of the Constitution of Alabama of 1901, or was formed as a result of a merger, share exchange, or conversion and may be filed first with the Secretary of State of Alabama with copies and fees for the County Probate Office included in the filing pursuant to 10A-1-4.02(c)(4).

**Two partners must sign. Additional partners may sign – attach listing.**

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Partner Signature as required by 10A-8-1.06(c)

\_\_\_\_\_  
Typed Name of Above Partner Signature

\_\_\_\_\_  
Partner Signature as required by 10A-8-1.06(c)

\_\_\_\_\_  
Typed Name of Above Partner Signature

**Secretary of State Credit Card Payment Option Sheet:** Check with the County Probate Judge’s Office in which you will be filing prior to filing to make sure that the credit card payment and/or expedite payment will be accepted. **If the County Probate Office does not accept either option the options are not available for this filing.**

You will not receive a credit card receipt for payment of this filing unless you have enclosed a self-addressed postage paid envelope that is received by the Office of the Secretary of State with the certified copy from the county. **DO NOT use this method if a receipt is required – SOS office staff cannot produce a duplicate receipt after filing.**

**Information must be typed or the filing will be returned to the filer without indexing.**

Entity ID Number: \_\_\_\_\_ (format 000-000) **required to identify application of payment**

Service Requested: \_\_\_\_\_ \$100.00 Statement of Cancellation of Registration fee

\_\_\_\_\_ \$100.00 Expedited Processing fee \*

Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Card Number: \_\_\_\_\_

Expiration Mo/Yr: \_\_\_\_\_ / \_\_\_\_\_ (MM/YY)

Card Holder Name: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_  
Street or PO

\_\_\_\_\_  
City State Zip

Signature of Card Holder: \_\_\_\_\_  
MUST be **Signature** of Card Holder

\*Expedited Processing is available at the Secretary of State’s (SOS) Office for an additional \$100.00 fee. The SOS Office will index a filing within approximately twenty-four (24) hours of receipt from the Office of the County Probate Judge. The fee must accompany the filing when it is submitted to the County Probate Judge’s Office.