



**COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE**

**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

**Cancellation of Statement of Qualification**  
(Limited Liability Partnership)

**CSQ**

Pursuant to the provisions of KRS 14A and KRS 362, the undersigned applies to cancel a statement of qualification.

1. The name of the limited liability partnership is:

\_\_\_\_\_  
**(The name must be identical to the name on record with the Secretary of State)**

2. The date the Statement of Qualification was filed with the Office of the Secretary of State \_\_\_\_\_.

3. This application will be effective upon filing.

4. The limited liability partnership cancels its Statement of Qualification.

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**FILING INSTRUCTIONS  
CANCELLATION OF STATEMENT OF QUALIFICATION**

**NAME**

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

**DATE OF FILING**

Give the date the statement of qualification was filed with the Secretary of State.

**EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

**PRINCIPAL OFFICE ADDRESS**

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

**DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

**WHO MAY SIGN**

The document must be signed by a partner or other person authorized to act on behalf of the partnership.

**NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**FILING FEE**

The filing fee for this document is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Michael Adams  
Office of the Secretary of State  
PO Box 718  
Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 152, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

**CONTACT INFORMATION**

If you have any questions, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call 502-564-3490.