



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 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 154, 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 or call 502-564-3490.