

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**APPLICATION FOR CANCELLATION OF LIMITED LIABILITY PARTNERSHIP
LIMITED LIABILITY PARTNERSHIP – DOMESTIC AND FOREIGN**

Pursuant to the 1976 S.C. Code of Laws, as amended, the undersigned limited liability partnership submits the following to cancel its registration as a limited liability partnership.

1. The name of the limited liability partnership is:

2. If the limited liability partnership is a domestic entity, enter the date that the certificate of limited partnership was issued _____.

3. If the limited liability partnership is a foreign entity, enter the state or country of organization and the date that the limited liability partnership was organized in that state or country. _____ (State or Country) _____ (Date)

4. If the limited liability partnership is a foreign entity, by filing this document, you are affirming that the following are true:

- a. The foreign limited liability partnership is no longer transacting business in the State of South Carolina.
- b. The foreign limited liability partnership surrenders its certificate of authority to transact business in South Carolina.
- c. The authority of the registered agent for the foreign limited liability partnership is revoked. The foreign limited liability partnership consents that service of process in any action, suit or proceeding based upon any cause of action arising in this state may hereafter be made upon the foreign limited liability partnership by service thereof upon the South Carolina Secretary of State. The address to which a copy of any process against the foreign limited liability partnership may be mailed to is:

(Street Address)

(City, State, Zip Code)

5. This application for cancellation is executed on behalf of the limited liability partnership by a person with authority to do so. If this is a foreign limited liability partnership, the person executing this cancellation has authority to do so under the laws of the state or other jurisdiction of its formation.

Date: _____

(Signature of Partner)

(Print Name)

(Signature of Partner)

(Print Name)

Filing Checklist

Application for Cancellation (filed in duplicate) – Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.

\$10.00 made payable to the Secretary of State's Office

Include a self-addressed stamped envelope to have a filed copy returned to you by mail.

Make sure the proper individual has signed the form. Pursuant to the 1976 S.C. Code of Laws, as amended this amendment should be executed by a majority in interest of the partners or by one or more partners authorized to execute the amendment.

Return all documents to: Secretary of State
Attn: Corporate Filings
1205 Pendleton Street, Suite 525
Columbia, SC 29201