



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

COR

FOR DIVISION USE ONLY

Corporations Section

PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: Corporations@Alaska.Gov
Website: Corporations.Alaska.Gov

Statement of Cancellation

Foreign Limited Liability Partnership

AS 32.06

- This Statement of Cancellation is only for a Foreign Limited Liability Partnership. Once filed, the entity will be placed into a "Withdrawn" status.
- This form will not be filed if the official signing this form does not match an official on record for this entity, and/or if your entity's biennial report is not current. Verify your entity's status and current information online at: Corporations.Alaska.Gov, click [Search Corporations Database](#).
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days (2-3 weeks). All filings are reviewed in the date order they are received.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- The information you submit is a public record and will be posted online at Corporations.Alaska.Gov

Important: A person authorized by this chapter to file a statement may amend or cancel the statement by filing an amendment or cancellation that names the partnership, identifies the statement, and states the substance of the amendment or cancellation. – AS 32.06.970(d)

PART I Payment of Fees

3 AAC 16.055

Required Fee:	<input type="checkbox"/> Nonrefundable Filing Fee	\$25.00
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PART II Entity Information

AS 32.06.970(d)

Entity Name:	
Alaska Entity Number:	

PART III Attestations

AS 32.06.970, AS 32.06.970(d)

By submitting this form, I am confirming:

- The entity is in good standing
- All biennial reports due have been filed and paid.
- The Limited Liability Partnership is not transacting business in Alaska.
- The Limited Liability Partnership surrenders its authority to transact business in Alaska.
- The Limited Liability Partnership revokes the authority of the registered agent in Alaska and consents that service of process may subsequently be made on the Limited Liability Partnership by service on the Commissioner.

To verify the entity's status and reports, go to Corporations.Alaska.Gov and click on [Search Corporations Database](#).

PART IV Service of Process

AS 32.06.970(d)

Provide the name and address where the Commissioner may mail any service of process against the Foreign LLP.
Per Part III, the authority of the registered agent in Alaska is revoked. Do not list the registered agent in Alaska.

Full Legal Name:	Entity or Individual			
Physical Address:	Street	City	State	Zip
Mailing Address:	P.O. Box or Street	City	State	Zip

PART V Signatures

AS 32.06.970(c), 10.06.825

The Statement of Cancellation must be executed by at least two Partners.

Per AS 10.06.825, persons who sign documents filed with the Commissioner which are known to the person to be false in material respects are guilty of a class A misdemeanor.

Partner Printed Name:		Title:	
Partner Signature:		Date:	
Partner Printed Name:		Title:	
Partner Signature:		Date:	

IMPORTANT: Remember to notify other sections of this division when appropriate:

- **Business Licensing Section:** *BusinessLicense.Alaska.Gov*
Submit Business License: Request to Cancel form (#08-4732) to cancel any business licenses associated with this entity.
- **Professional Licensing Section:** *ProfessionalLicense.Alaska.Gov*
Email *License@Alaska.Gov* for more information and appropriate forms.



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Contact Information

- Return this form with your filing.
- This information may be used by the Division to assist with processing your attached filings.
- This form will not be filed for record or appear online.

PART I Entity Information

Enter your entity information as it appears on this filing.

Entity Name:

Alaska Entity
Number:

PART II Contact Information

Whom may we contact with any questions or problems with this filing?

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip

Phone Number:

Email Address:

PART III Document Return Address

Return my filings to the address provided **ABOVE**.

Return my filings to the address provided **BELOW**:

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

- | | AMOUNT |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____ | _____ |
| <input type="checkbox"/> License or Renewal Fee: _____ | _____ |
| <input type="checkbox"/> Other (name change, wall certificate, fine, duplicate license, exam, etc.): | |
| 1. _____ | _____ |
| 2. _____ | _____ |

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>