



THE STATE  
of **ALASKA**

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

**Corporations Section**

State Office Building, 333 Willoughby Avenue, 9th Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [corporations@alaska.gov](mailto:corporations@alaska.gov)  
Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

**COR**

FOR DIVISION USE ONLY

## Statement of Cancellation

### Domestic Limited Liability Partnership (AS 32.06)

- This Statement of Cancellation is only for a Domestic Limited Liability Partnership. Once filed, the entity will be placed into a "Voluntarily Dissolved" 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: [www.Corporations.Alaska.Gov](http://www.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.
- The information you submit is a public record and will be posted online at [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov).

**Important:**

A person authorized under AS 32.06 may file a statement to cancel the Statement of Qualification. – AS 32.06.970(d)

Each Domestic Limited Liability Partnership is required to keep and make available its records. — AS 32.06.403

|               |   |                        |                     |
|---------------|---|------------------------|---------------------|
| <b>PART I</b> |   | <b>Payment of Fees</b> | <b>3 AAC 16.055</b> |
| <b>Fee:</b>   | <input type="checkbox"/> Non-Refundable Filing Fee<br><i>Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.</i> |                        | <b>\$25.00</b>      |

|                     |  |                              |                        |
|---------------------|--|------------------------------|------------------------|
| <b>PART II</b>      |  | <b>Entity Information</b>    | <b>AS 32.06.970(d)</b> |
| <b>Entity Name:</b> |  | <b>Alaska Entity Number:</b> |                        |

|  |  |                     |                        |
|--|--|---------------------|------------------------|
| <b>PART III</b>  |  | <b>Attestations</b> | <b>AS 32.06.970(d)</b> |
| <i>By submitting this form, I am confirming:</i>   |  |                     |                        |
| <input type="checkbox"/> This entity is in good standing.<br><input type="checkbox"/> All biennial reports due have been filed and paid.<br><i>To verify the entity's status and reports, go to <a href="http://www.Corporations.Alaska.Gov">www.Corporations.Alaska.Gov</a>, click <i>Search Corporations Database</i>.</i> |  |                     |                        |

**PART IV Reason(s) for Limited Liability Partnership's Cancellation**

AS 32.06.970(d)

Briefly state the reason(s) for filing a Statement of Cancellation:

**PART V Effective Date of Cancellation**

AS 32.06.911(h)

Complete this section *ONLY* if date is different from the date of filing this Statement of Cancellation with this office.

State the effective date of dissolution in cell below.

Effective Date (mm/dd/yyyy):

**PART VI Required 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.*

|            |  |        |  |
|------------|--|--------|--|
| Name:      |  | Title: |  |
| Signature: |  | Date:  |  |
| Name:      |  | Title: |  |
| Signature: |  | Date:  |  |

**Remember to notify other sections of this division when appropriate:****BUSINESS LICENSING SECTION:**Submit Business License: Request to Cancel (form 08-4732) to cancel any business licenses associated with this entity. Go to [www.BusinessLicense.Alaska.Gov](http://www.BusinessLicense.Alaska.Gov) for more information and forms.**PROFESSIONAL LICENSING SECTION:**Email [License@Alaska.Gov](mailto: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

|                           |  |   |  |
|---------------------------|--|---|--|
| <b>Entity Information</b> |  | Enter your entity information as it appears on this filing. |  |
| Entity Name:              |  |   |  |
| AK Entity #:              |  |   |  |

|                       |          |  |      |
|-----------------------|----------|--|------|
| <b>Contact Person</b> |          | Whom may we contact with any questions or problems with this filing? |      |
| Company:              |          |  |      |
| Contact:              |          |  |      |
| Mailing Address:      | Address: |  |      |
|                       | City:    | State:   | ZIP: |
| Phone:                |          |  |      |
| Email:                |          |  |      |

|   |          |  |      |
|---|----------|--|------|
| <b>Document Return Address</b>  |          | Provide an address for the return of your filed documents. |      |
| <input type="checkbox"/> Return my filings to the address provided <b>ABOVE</b><br><input type="checkbox"/> Return my filings to this address provided <b>BELOW</b> |          |  |      |
| Company:  |          |  |      |
| Contact:  |          |  |      |
| Mailing Address:  | Address: |  |      |
|   | 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):

- |  | <b>AMOUNT</b> |
|--|---------------|
| <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)

| <b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>          |   |
|---|---|
| <p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p> | <p>All 3 fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p> |