

**SOUTH CAROLINA  
SECRETARY OF STATE**

**APPLICATION FOR CANCELLATION OF AUTHORITY  
TO TRANSACT BUSINESS  
IN SOUTH CAROLINA BY A  
FOREIGN REGISTERED LIMITED LIABILITY PARTNERSHIP**

**TYPE OR PRINT CLEARLY IN BLACK INK**

This foreign registered limited liability partnership in accordance with Section 33-41-1190 of the 1976 South Carolina Code of Laws, as amended, applies for a certificate of cancellation, canceling its authority to transact business in South Carolina.

1. The name of the foreign registered limited liability partnership as filed in South Carolina is

\_\_\_\_\_.

Date of authorization \_\_\_\_\_

2. The foreign registered limited liability partnership is formed under the laws of

\_\_\_\_\_.

State or Jurisdiction

3. The foreign registered limited liability partnership is no longer transacting business in the State of South Carolina.

4. The foreign registered limited liability partnership surrenders its certificate of authority to transact business in South Carolina.

5. The authority of the foreign registered limited liability partnership's registered agent for service of process in South Carolina is revoked, and the foreign registered 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 registered limited liability partnership by service thereof upon the South Carolina Secretary of State.

6. The address to which a person may mail a copy of any process against the foreign registered limited liability partnership is

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State or Jurisdiction

Zip Code

7. This application for a certificate of cancellation of authority is executed on behalf of the foreign registered limited liability partnership by a person with authority to do so under the laws of the state or other jurisdiction of its formation, or if the foreign registered limited liability partnership is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Capacity

## **FILING INSTRUCTIONS**

1. Two copies of this form, the original and either a duplicate original or a conformed copy must be filed.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk, which will allow for expansion of space on the form.
3. This form must be accompanied by the filing fee of \$10.00, payable to the Secretary of State.

Return to: Secretary of State  
PO Box 11350  
Columbia SC 29211