Print Form

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

APPLICATION FOR CANCELLATION OF LIMITED LIABILITY PARTNERSHIP
Limited Liability Partnership – Domestic and Foreign
Filing Fee - $10.00

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant S.C. Code of Laws, 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 WXYZ Services, LLP

2. If the limited liability partnership is a domestic entity, enter the date that the certificate of limited partnership was issued 1/1/2012

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

   South Carolina — State or Country of Organization
   1/1/12 — Date of Organization

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:

   1234 Main Street
   Street Address

   Charleston, SC 29464
   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

John Doe
Print Name

_____
Signature of Partner

_____
Print Name

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Filing Checklist

- Application for Cancellation (filed in duplicate)
- $10.00 made payable to the Secretary of State's Office
- Self-Addressed, Stamped Return Envelope
- Make sure the proper individual has signed the form. Pursuant to S.C. Code of Laws 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: South Carolina Secretary of State's Office
  Attn: Corporate Filings
  P.O. Box 11350
  Columbia, SC 29211

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