

## Notice of Change of Status of a Limited Liability Partnership (LLP)

To cancel the registration of your LLP in California, fill out this form, and submit for filing along with:

- A **\$30** filing fee.
- A separate, non-refundable **\$15** service fee also must be included, if you drop off the completed form.

**Note:** Upon the filing of this form by the California Secretary of State, the registration of the LLP in California will be cancelled.

**Important!** For information about filing your final annual tax return, please contact the California Franchise Tax Board at (800) 852-5711 (from within the U.S.) or (916) 845-6500 (from outside the U.S.) or go to <https://www.ftb.ca.gov>.

This Space For Office Use Only

For questions about this form, go to [www.sos.ca.gov/business/be/filing-tips.htm](http://www.sos.ca.gov/business/be/filing-tips.htm)

① **LLP's File No.** (issued by CA Secretary of State)

*If you don't know the file number, leave Item 1 blank.*

② **LLP's Exact Name** (on file with CA Secretary of State)

③ **Status Change** (Check only one box.)

- This California registered LLP is no longer a registered LLP. This LLP has filed or will file a final annual tax return with the California Franchise Tax Board. (California Revenue and Taxation Code sections 17948.3 and 18401 et seq.)
- This foreign LLP is no longer a foreign LLP. This foreign LLP has filed or will file a final annual tax return with the California Franchise Tax Board. (California Revenue and Taxation Code sections 17948.3 and 18401 et seq.)
- This foreign LLP is no longer required to be registered under California Corporations Code section 16959 and is now withdrawing its registration in California.

④ **Read and sign below:** This form must be signed by one or more authorized partners of the LLP. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this notice.



Sign here

Print your name here

Date

Your business title



Sign here

Print your name here

Date

Your business title

Make check/money order payable to: **Secretary of State**

Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

**By Mail**

Secretary of State  
Business Entities, P.O. Box 944228  
Sacramento, CA 94244-2280

**Drop-Off**

Secretary of State  
1500 11th Street, 3rd Floor  
Sacramento, CA 95814



# Mail Submission Cover Sheet

### Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- Do not include a \$15 counter fee when submitting documents by mail.
- Standard processing time for **submissions** to this office is approximately 5 business days from receipt. All **submissions** are reviewed in the date order of receipt. For updated processing time information, visit [www.sos.ca.gov/business/be/processing-times](http://www.sos.ca.gov/business/be/processing-times).

### Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

### Contact Person: (Please type or print legibly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

### Entity Information: (Please type or print legibly)

Name: \_\_\_\_\_

Entity Number (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return Address:** For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [ \_\_\_\_\_ ]

Company:

Address:

City/State/Zip: [ \_\_\_\_\_ ]

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