



State of Alaska  
Division of Corporations, Business and Professional Licensing  
**CORPORATIONS SECTION**  
PO Box 110806  
Juneau, AK 99811-0806  
Phone: (907) 465-2550  
Fax: (907) 465-2974  
Website: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ)

## **CERTIFICATE OF CANCELLATION**

### **Foreign Limited Liability Company**

### **AS 10.50.660**

**Filing Fee: \$25.00 (non-refundable)**

#### **INSTRUCTIONS (*Please retain for your records*):**

**NOTICE:** The Certificate of Cancellation will not be filed if a biennial report is due or the signatures do not match what the Corporations Section has on record. Please verify the following before completing the application.

- Have all current biennial reports be filed?
- Are the members/managers up to date on our records?

To verify this information please search for the entity by going to Search Corporations Database in the Corporations Section of our website at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ). If there is a biennial report due, the report may be filed online by selecting Biennial Reports on the Corporations Section page. If the members/managers have changed, but no biennial report is due, please submit a Notice of Change located in the Forms and Fees section.

**Pursuant to Alaska Statutes 10.50.660, a foreign corporation may apply for a Certificate of Cancellation. If you need assistance in completing your filing, it is advised that you seek legal counsel. Please be aware that this filing will become public information.**

**ITEM 1:** Provide the name of the entity currently on record and the Alaska Entity Number.

**ITEM 2:** Provide the state or country of domicile where the corporation has filed their Articles of Incorporation.

**ITEM 3-5:** These are standard statements required by statute. Please read through and verify.

**ITEM 6:** Provide the mailing address where the commissioner may mail any service of process against the company.

**ITEM 7:** The Application of Cancellation must be signed by a member, manager, or attorney-in-fact.

**NOTE:** Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Mail the Certificate of Cancellation and the non-refundable \$25.00 filing fee in U.S. dollars to:  
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

**STANDARD PROCESSING TIME** for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.



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DO NOT STAMP ABOVE THIS BOX

Office Use Only	<b>CORP</b>

**CERTIFICATE OF CANCELLATION**  
**Foreign Limited Liability Company**  
**AS 10.50.660**

**\$25.00 Filing Fee (non-refundable)**

Pursuant to Alaska Statutes 10.50.660, the undersigned corporation applies for a Certificate of Cancellation.

<b>ITEM 1:</b> Name of the Entity:	Alaska Entity #:

**ITEM 2:** State or country of domicile:

**ITEM 3:** The Company is not conducting affairs in Alaska.

**ITEM 4:** The Company cancels its registration in Alaska.

**ITEM 5:** The Company hereby revokes the authority of its registered agent in Alaska and consents that service of process may subsequently be made on the company by service of the Commissioner.

**ITEM 6:** The mailing address where the Commissioner may mail any service of process against the company:

Name:
Mailing address:
Physical address:

**ITEM 8:** The Certificate of Cancellation must be signed by a member, manager, or attorney-in-fact.

Signature	Printed name	Title	Date

*If signing on behalf of a member or manager which is an entity, then identify signer's relationship and signing authority with the member entity. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.*

**NOTE:** Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

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### CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE:** this form will not be filed for record or appear online.

Name of entity as it appears on filing:

To resolve questions with this filing, contact:

Name:	
Email:	Phone:
Mailing address:	

Return documents to:

Name:
Company:
Mailing address:

Attach this form to your filings. Send all documents to:  
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

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