



Arkansas Secretary of State

John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

CANCELLATION OF FICTITIOUS NAME

- Select entity type:
- | | |
|--------------------------------------|--|
| For-Profit Corporation (\$25.00 fee) | Nonprofit Corporation (\$25.00 fee) |
| General Partnership (\$15.00 fee) | Limited Partnership (\$15.00 fee) |
| LLC (\$25.00 fee) | LLP (\$15.00 fee) |
| LLLP (\$15.00 fee) | <u>(Make Checks Payable To: Arkansas Secretary of State)</u> |

The undersigned, pursuant to the laws of the State of Arkansas, hereby requests that the following fictitious name be canceled:

1. The fictitious name under which the business is being conducted by this entity is:

2. a) The entity name of the applicant and its date of qualification in Arkansas: Date: _____
Name: _____

b) The entity is Domestic Foreign (state of domestic registration) _____

c) The location (city and street address) of the registered office of the applicant entity in Arkansas is:

Street City State ZIP Code

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Authorizing Officer _____
(Type or Print)

Authorized Signature: _____
(Chairman, Partner or other authorized person)

Address: _____