

**No personal or business checks accepted.**

Payment of the filing fee should be **ONLY** in the form of **CASH, CERTIFIED/CASHIER'S CHECK, BANK/POSTAL MONEY ORDER OR CREDIT CARD (VISA OR MasterCard).**

Make check or money order payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

No personal or business checks  
accepted. See instructions.

STATE OF HAWAII  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**  
**Business Registration Division**  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No. (808)586-2727



**APPLICATION FOR CERTIFICATE OF CANCELLATION**

(Section 428-1007, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, submitting this application, certify as follows:

1. The name of the foreign limited liability company is:

\_\_\_\_\_

2. Its state or country of organization is:

\_\_\_\_\_

3. The foreign limited liability company is not transacting business and surrenders its authority to transact business in the State of Hawaii.

4. The foreign limited liability company revokes the authority of its agent for service of process in the State of Hawaii and consents that service of process for any claim for relief arising out of the transactions of business in this State may hereafter be made on such foreign limited liability company by service upon the Director of Commerce and Consumer Affairs.

5. The address to which a person may mail a copy of any process against the foreign limited liability company is:

\_\_\_\_\_

6. Please check one:

The notice of intention to cancel its authority to transact business in the State of Hawaii was published on:

\_\_\_\_\_ in the \_\_\_\_\_ ; OR  
(Month Day Year) (Name of Newspaper)

Publication was not made.

7. All taxes, debts, obligations, and liabilities of the foreign limited liability company in the State of Hawaii have been paid and discharged or adequate provision has been made therefor.

I/we certify under the penalties set forth in the Hawaii Uniform Limited Liability Company Act, that I/we have read the above statements, I/we are authorized to sign this application, and that the above statements are true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
(Type/Print Name & Title)

\_\_\_\_\_  
(Type/Print Name & Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

SEE INSTRUCTIONS ON REVERSE SIDE. Application must be signed and certified by at least one manager of a manager-managed company, by at least one member of a member-managed company or by a person who is authorized or required to sign a record under the laws of its jurisdiction of organization.

**Instructions:** Application must be typewritten or printed in **black ink**, and must be **legible**. The application must be signed and certified by at least one manager of a manager-managed company, by at least one member of a member-managed company or by a person who is authorized or required to sign a record under the laws of its jurisdiction of organization. All signatures must be in **black ink**. Submit original application together with the appropriate fee.

Line 1. State the full name of the foreign limited liability company.

Line 2. Give the name of the state or country where it was organized.

Line 5. Give the complete mailing address (including city, state and zip code) where any process may be mailed to the foreign limited liability company by the Director of Commerce and Consumer Affairs.

Line 6. Check whether the notice of intention to cancel was published or not. **DO NOT CHECK BOTH.**

If the notice was published once a week for four successive weeks in a publication circulated in the State of Hawaii, list the four dates (month, days and year) of publication and the name of the publication in which the notice was published.

**Filing Fees: Filing fee (\$25.00) is not refundable. No personal or business checks accepted.** Payment of the filing fee should be **ONLY** in the form of **CASH, CERTIFIED/CASHIER'S CHECK, BANK/POSTAL MONEY ORDER OR CREDIT CARD (Visa or MasterCard)**. Make check or money order payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

For any questions call (808)586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai and Molokai 1-800-468-4644 (toll free).

Fax: (808)586-2733      Email Address: [breg@dcca.hawaii.gov](mailto:breg@dcca.hawaii.gov)

**NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.**

**ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION 92F-11, HRS)**