



State of Hawaii
Department of Commerce and Consumer Affairs
Business Registration Division
335 Merchant Street, Room 201
Mailing Address: P.O. Box 40, Honolulu, HI 96810
Phone: (808) 586-2727
Fax: (808) 586-2733
Email: breg@dcca.hawaii.gov
BusinessRegistrations.com

Nonrefundable Filing Fee: \$25.00

Personal or business checks are
not accepted for this filing.

APPLICATION FOR CERTIFICATE OF CANCELLATION FOR A FOREIGN LIMITED LIABILITY COMPANY

(Section 428-1007, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. Attachments to this form may be used, if necessary.

The undersigned, submitting this application, certify/certifies as follows:

1.	The name of the foreign limited liability company is: <input type="text"/>
2.	The state, province, or country of formation or organization is: <input type="text"/>
3.	The foreign limited liability company is not transacting business in this State and surrenders its authority to transact business in this State.
4.	The foreign limited liability company revokes the authority of its agent for service of process in this State and consents that the service of process for any claim for relief arising out of the transactions of business in this State may be made on such foreign limited liability company by service upon the Director of Commerce and Consumer Affairs.
5.	The complete mailing address to which a person may mail a copy of any process against the foreign limited liability company is: Country <input type="text"/> Address (Number and Street) <input type="text"/> Address Line 2 (optional) <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>

Continued on next page.

6.	<p>Select one of the following statements, as applicable.</p> <p><input type="checkbox"/> Publication was not made.</p> <p><input type="checkbox"/> The notice of intent to cancel its authority to transact business in this State was published on (state the four publication dates):</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 150px; height: 25px;"></div> <div style="border: 1px solid black; width: 150px; height: 25px;"></div> <div style="border: 1px solid black; width: 150px; height: 25px;"></div> <div style="border: 1px solid black; width: 150px; height: 25px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> (MM/DD/YYYY) , , , and </div> <p style="margin-top: 10px;">in the .</p> <p style="margin-top: 5px; font-size: small;">(Name of Publication/Newspaper)</p>
7.	<p>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.</p>

I/We, the undersigned certify under the penalties of Section 428-1302, Hawaii Revised Statutes, that I/we have read the above statements, that I/we am/are authorized to sign this application, and that the above statements are true and correct to the best of my/our knowledge and belief.

Signed this day of ,

Type/Print Entity Name

OR

Type/Print Individual's First Name

Last Name

Type/Print name and office title, capacity in which person signs.

Signature

Type/Print Entity Name

OR

Type/Print Individual's First Name

Last Name

Type/Print name and office title, capacity in which person signs.

Signature

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. See instructions on next page.

**INSTRUCTIONS FOR PREPARING AND FILING AN
APPLICATION FOR CERTIFICATE OF CANCELLATION FOR A
FOREIGN LIMITED LIABILITY COMPANY**

Section [428-1007](#), Hawaii Revised Statutes (HRS)

Application must be typewritten or printed in **black ink** and must be **legible**. Attachments may be used, if necessary, and must be typed or printed in **black ink** on 8.5" x 11" white bond paper, single-sided. 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 application together with the appropriate fee(s).

- Item 1. State the full name of the foreign limited liability company.
- Item 2. Provide the jurisdiction (state, province, or country) of formation or organization of the foreign limited liability company.
- Item 3. (Prefilled, required statement.) The foreign limited liability company is not transacting business in this State and surrenders its authority to transact business in this State.
- Item 4. (Prefilled, required statement.) The foreign limited liability company revokes the authority of its agent for service of process in this State and consents that the service of process for any claim for relief arising out of the transactions of business in this State may be made on such foreign limited liability company by service upon the Director of Commerce and Consumer Affairs.
- Item 5. Provide the complete mailing address to which a person may mail a copy of any process against the foreign limited liability company.
- Item 6. Select one of the statements to indicate whether the notice of intent to cancel was published.
DO NOT SELECT BOTH.
If the notice was published, it must be published at least once in each of four successive weeks (four publications) in a daily or weekly publication of statewide circulation or in separate daily or weekly publications whose combined circulation is statewide. Provide the four dates of publication (MM/DD/YYYY) and the name of the publication/newspaper. Refer to Section [428-1007](#), HRS for more information.

Filing Fees: The fee for filing an Application for Certificate of Cancellation for a Foreign Limited Liability Company is **\$25.00** and is not refundable.

Personal or business checks are not accepted for this filing. Payment made by Cash, Certified/Cashier's Check, Bank/Postal Money Order, or Credit Card (VISA, MasterCard, Discover, Diners Club, or JCB) are accepted. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.

For any questions, call (808) 586-2727 or email breg@dcca.hawaii.gov.

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE BUSINESS REGISTRATION DIVISION SECRETARY AT (808) 586-2744 TO SUBMIT YOUR REQUEST.

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