



Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

CANCELLATION OF FICTITIOUS NAME

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

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

- The fictitious name under which the business is being conducted by this entity is: _____
- The entity name of the applicant and its date of qualification in Arkansas: Date: _____
Name: _____
 - The entity is Domestic Foreign (state of domestic registration) _____
 - 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: _____