



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Foreign Limited Liability Company Cancellation Checklist

The attached application must be filled out in its entirety. All fields with an asterisk * are required.

The filing fee is \$25. Please make the check or money order payable to New Mexico Secretary of State or NMSOS.

Mail entire application along with the required information listed above to:

New Mexico Secretary of State

Business Services Division

325 Don Gaspar, Suite 300

Santa Fe, NM 87501

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501

PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081

WWW.SOS.STATE.NM.US



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Type or Print
Legibly \$25 Filing
Fee

**Foreign Limited Liability Company
Application for Cancellation of Registration**

The undersigned limited liability company, in order to apply for a Certificate of Cancellation Under the New Mexico Limited Liability Company Act, submits the following statement:

1: *The **business ID number, name, and DBA name(s)** of the limited liability company:

2. *It is organized under the laws of:

3. The limited liability company is not transacting business in New Mexico. It surrenders its registration to transact business in New Mexico. It confirms the authority of its registered agent for service of process in New Mexico. It consents that services of process in any action, suit or proceeding based upon any cause of action arising in New Mexico during the time the foreign limited liability company was registered to transact business in New Mexico also may be made on such company by service upon the secretary of state.

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

5. *I confirm that the foreign limited liability company has resigned as a registered agent or is not currently a registered agent for any entity registered in New Mexico.

*Executed Date:

*Printed Name and Title of Authorized Person

Signature of Authorized Person

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Document Delivery Instruction Form

Please fill out in its entirety

Contact Name: _____

Contact Phone Number: _____

Attention: _____

Mailing Address: _____

City State Zip code

Email Address: _____

All documents will be emailed to the email address listed. If an email address is not provided the documents will be mailed to the address listed.

check if you choose to pick up your documents

Documents listed for pick up must be picked up within five business days or documents will be emailed.

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