



Form
LLC1099.231
 (Eff. 07/21)

State Corporation
 Commission

**Application for a Certificate of Cancellation to Cancel
 a Certificate of Registration to Transact Business in
 Virginia as a Foreign Protected Series**

Pursuant to § 13.1-1099.231 of the Code of Virginia, the undersigned, on behalf of the foreign limited liability company named below, states as follows:

I The foreign protected series' name:

_____ (include the designated name for use in Virginia, if one was adopted, in parentheses)

II The foreign protected series' SCC ID number: _____

III The name of the foreign series LLC that established the foreign protected series:

IV The jurisdiction of formation of the foreign series LLC:

V The foreign series LLC's SCC ID Number: _____

VI The foreign protected series revokes the authority of its registered agent to accept service on its behalf and appoints the Clerk of the Commission as its agent for service of process in any proceeding based on a cause of action arising during the time it was registered to transact business in Virginia and commits to notify the Clerk of the Commission in the future of any change in its mailing address.

VII A mailing address to which the Commission may mail a copy of any process served on the Clerk of the Commission as agent for the foreign protected series:

X The foreign protected series is not transacting business in Virginia, surrenders its registration to transact business in Virginia.

XI The foreign protected series certifies that: **(Mark appropriate box.)**

- It has filed returns and has paid all state taxes to the time of the certificate; **or**
- It is not required to file any return or pay any state taxes.

Signature

The official signing this application has been delegated the right and power to manage the foreign series limited liability company's business affairs and affirms the above statements are true and is authorized to sign this application on behalf of the foreign series limited liability company canceling the foreign protected series' certificate of registration.

| | | |
|----------------------------|-----------------------------------|--------------------------|
| Signature | Date | Tel. # (optional) |
| Printed Name | Title | Email Address (optional) |
| Business Tel. # (optional) | Business Email Address (optional) | |

Provide a name and mailing address for sending correspondence regarding the filing of this document (if left blank, correspondence will be sent to the registered agent at the registered office):

| |
|---------|
| Name |
| Address |

Required Fee: \$25.00