

**STATE OF HAWAII**  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**  
**BUSINESS REGISTRATION DIVISION**

335 Merchant Street Suite 201, Honolulu, Hawaii 96813  
Mailing Address: Post Office Box 40, Honolulu, Hawaii 96810  
Telephone: (808) 586-2727

**MEMORANDUM**

Date: August 23, 2013

File No:99999999T9

[NAME]

[ADDRESS]

[CITY, STATE, ZIPCODE]

RE: XXXXXX, LLC  
Articles of Termination

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The above mentioned document is returned as the incorrect form was submitted for filing. Since this is a XXXX LLC, please be advised that the Application for Certificate of Cancellation (FLLC-2) form should be filed instead. Enclosed is a blank form for your use.

Please complete the form in its entirety. The application form must be signed by a manager. Please have the authorized individual date, sign, and print his/her name and title (Manager) on the appropriate lines.

Please resubmit the corrected document with a copy of this memo and attached bar code page by **September 23, 2013**. The \$25.00 filing fee will be applied to the corrected document if it is resubmitted within the prescribed time. Otherwise, the fee is **NOT REFUNDABLE**.

If you should have any questions or require further assistance, please feel free to contact me at (808) 586-2727.

Sincerely,

XXXX XXXXX  
Business Registration Assistant