



Domestic Limited Liability Company Request for Voluntary Administrative Cancellation

Complete this form to determine if you qualify for Voluntary Administrative Cancellation. Refer to the Instructions for more information, or go to ftb.ca.gov and search for **administrative cancellation**.

Domestic Limited Liability Company Information

Name on Record With CA SOS			CA SOS Number
Street Address (number and street or PO Box)			FEIN
City	State	ZIP Code	Phone

Representative Information

Name		Phone	
Mailing Address (number and street or PO Box)		Apt./Ste. Number	PMB/Private Mailbox
City	State	ZIP Code	

Qualification Questions

Complete questions 1 through 5.

1. Was the domestic limited liability company ever doing business (that is, actively engaged in any transaction for the purpose of financial or pecuniary gain or profit)? 1. Yes No

If no, provide the following:

a. Date of incorporation ____ / ____ / ____

b. Reason why the domestic limited liability company was formed (add additional documentation, if needed) _____

2. Date the domestic limited liability company ceased doing business. 2. ____ / ____ / ____

3. Does the domestic limited liability company currently have any of the following? 3. Yes No
If yes, attach documentation or explanation with this form.

- a. Assets a. Yes No
- b. Bank, investment accounts, and/or business loan. b. Yes No
- c. Real property. c. Yes No
- d. Any contracts. d. Yes No
- e. Inventory e. Yes No
- f. Any licenses. f. Yes No
- g. Employees, independent contractors, or commissioned agents g. Yes No
- h. Active accounts receivable h. Yes No
- i. Loans to members. i. Yes No

4. Did the domestic limited liability company distribute its assets? 4. Yes No
 If yes, explain the distribution of assets on your attached documentation.
5. Did the domestic limited liability company ever do business under a different name? 5. Yes No
 If yes, attach documentation or explanation with this form.

Signature Authorization

I hereby certify under penalty of perjury under the laws of California, that all information supplied on this form including any attachment is true, correct, and complete to the best of my knowledge and ability.

Officer, Director, or Authorized Representative Name	Title or Position	Email Address	
Signature X		Date	Phone

Send Documents

Mail or fax your completed and signed FTB 3716 PC to:

Mail: BUSINESS ENTITY CORRESPONDENCE
 FRANCHISE TAX BOARD
 PO BOX 942857
 SACRAMENTO CA 94257-4040

Fax: 916.855.5519

Franchise Tax Board Privacy Notice

To learn about your privacy rights, how we may use your information, and consequences if you do not provide information we request, go to ftb.ca.gov/Forms and search for **1131**. To request this notice by mail call 800.338.0505 and enter form code **948** when instructed.

Connect With Us

Web: ftb.ca.gov
 Phone: 916.845.7700 from 8 a.m. to 5 p.m. weekdays, except state holidays
 TTY/TDD: 800.822.6268 for persons with hearing or speech impairments
 Fax: 916.855.5519