



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings

P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Cancellation of Certificate of Limited Partnership CLP
(Domestic Limited Partnership)

Pursuant to the provisions of KRS 14A and KRS Chapter 362.2-203, the undersigned hereby submits the following in support of the Cancellation of Certificate of Limited Partnership:

1. The name of the limited partnership is: _____.
(The name must be identical to the name on record with the Secretary of State.)

2. The date of filing of the initial certificate of limited partnership is _____.

3. This cancellation will be effective upon filing.

4. The reason for filing the certificate of cancellation is:

5. Any other information as determined by the general partners:

I/We declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of General Partner

Printed Name

Title

Date

Signature of General Partner

Printed Name

Title

Date

**FILING INSTRUCTIONS
CANCELLATION OF CERTIFICATE OF LIMITED PARTNERSHIP**

NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

DATE OF FILING

State the date that the limited partnership registered to transact business in Kentucky.

WHO MAY SIGN

The document must be signed by all general partners.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

FILING FEE

The filing fee for this document is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Office of the Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.