



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

Statement of Dissociation
(Domestic or Foreign Partnership)

SDS

Pursuant to KRS 14A and KRS 362.1-601, the undersigned hereby submits the following:

1. The name of the partnership is: _____

(Name must be identical to the name of record with the Secretary of State)

2. The partner/partners dissociated from the partnership is/are:

3. This statement will be effective upon filing.

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

Signature of partner or authorized person

Type or Print Name

Date

**Filing Instructions
Statement of Dissociation**

NAME

State the exact name of the partnership as registered with the Office of the Secretary of State.

DATE

List the date the statement of partnership authority was filed with the Office of the Secretary of State.

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 submitted.

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.

WHO MAY SIGN

The document must be signed by the general partner or other person authorized by KRS 362.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the document 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.

EFFECTIVE DATE AND TIME

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

FILING FEE

The filing fee is \$20.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

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

OFFICE LOCATION

Room 154, 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 or need additional forms, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.