



**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

**Withdrawal Registered
Limited Liability Partnership**
(Domestic Partnership)

WLP

Pursuant to the provisions of KRS 14A and KRS 362, the undersigned hereby withdraws the statement of registration on behalf of the registered limited liability partnership named below and, for that purpose, submits the following statements:

1. The name of the registered limited liability partnership is:

_____.
The name must be identical to the name on record with the Secretary of State.)

2. The date the limited liability partnership filed a statement of registration with the Secretary of State is _____.

3. The limited liability partnership hereby withdraws its statement of registration with the Secretary of State.

4. This application will be effective upon filing.

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

Signature of Partner

Printed Name

Date

FILING INSTRUCTIONS
WITHDRAWAL OF REGISTERED LIMITED LIABILITY PARTNERSHIP

NAME

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

REGISTRATION DATE

The registration date is the date the limited liability partnership registered with 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 mailed.

DOCUMENT DELIVERY

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the principal office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

EFFECTIVE DATE AND TIME

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

WHO MAY SIGN

This document must be signed by a majority in interest of the partners or by one or more of the partners authorized to execute the withdrawal.

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

There is no filing fee for this document.

MAILING ADDRESS

Michael Adams
Office of the 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, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.