

Please
Do Not
Staple

CE

KANSAS SECRETARY OF STATE
**Limited Partnership
Certificate of Cancellation**

GENERAL FILING INSTRUCTIONS

All information on this form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Filing fee

The filing fee for this document is **\$35**.

Payment

Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. **Please do not send cash.**

Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:

Credit card number _____

Billing zip code _____ **Expiration date** _____

NOTICE: There is a \$25 service fee for all returned checks.

Daytime phone and contact person

Signatures

This form must be signed by all general partners. Attach additional pages if necessary.

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Limited Partnership
Certificate of Cancellation**



Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 https://sos.ks.gov

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1. Business entity ID number:

Not Federal Employer ID Number (FEIN).

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2. Name of limited partnership:

Must match name on record with Secretary of State.

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3. The Kansas limited partnership hereby cancels its certificate.

4. The original filing date of the certificate of limited partnership:

Month	Day	Year

5. The reason for filing the cancellation:

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6. I/We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, has been signed by all the general partners and that I/we have remitted the required fee.

Signature of General Partner	Month	Day	Year	Signature of General Partner	Month	Day	Year
X				X			
Signature of General Partner	Month	Day	Year	Signature of General Partner	Month	Day	Year
X				X			