

Please
Do Not
Staple

GD

**KANSAS SECRETARY OF STATE
General Partnership/Limited Liability
Partnership Statement of Dissolution**

**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

Certified Copy

A certified copy of a statement of dissolution filed in another state may be filed instead of this form.

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General Partnership/Limited Liability
Partnership Statement of Dissolution**



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

This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

1. Business entity ID number:

Not Federal Employer ID Number (FEIN).

[Empty box for Business entity ID number]

2. Name of partnership:

Must match name on record with Secretary of State.

[Empty box for Name of partnership]

3. The above-named partnership has dissolved and is winding up its business.

4. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I/we have remitted the required fee.

Signature of Partner

Month

Day

Year

X

Name of Signer (Printed or Typed)

[Signature and date fields]