



State of Missouri

Robin Carnahan, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

Cancellation of Registration of Limited Partnership

(Submit with filing fee of \$25.00)

1. The name of the limited partnership in Missouri: _____
2. MO Charter #: _____
3. The name of the limited partnership in the parent state is: _____
4. The date the limited partnership was filed in Missouri is: _____
5. The reason for filing this certificate of cancellation in Missouri: _____

6. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____
Date may not be more than 90 days after the filing date in this office
7. Describe any other matters that the partners want to include in this certificate:

In Affirmation thereof, the facts stated above are true and correct:
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Signed by a general partner or partners

Signature

Printed Name

Date

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____