

Form 563 Prescribed by the: Ohio Secretary of State

Central Ohio: (614) 466-3910 Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us Busserv@sos.state.oh.us

Expedite this form: (select one)

Mail form to **one** of the following:

PO Box 1390

Columbus, OH 43216

O Expedite

*** Requires an additional fee of \$100 ***

PO Box 1329 Columbus, OH 43216

O Non Expedite

Certificate of Limited Partnership Cancellation / Limited Partnership Cancellation Amendment Filing Fee: \$50

(4)	
(1) Limited Partnership Cancellation Foreign (132-FPC) Domestic (133-LPC)	(2) Limited Partnership Cancellation Amendment (101-LPN)
Name of Limited Partnership	
Registration Number	
Complete the information in this section if Foreign is	s checked in box (1)
A Foreign Limited Partnership, formed under the laws of	the jurisdiction of
A roleigh Limited rannership, formed under the laws of	
and registered to transact business in Ohio on	certifies that said Foreign
Partnership is no longer transacting business in Ohio an	d hereby states that said Foreign Limited
Partnership surrenders its authority to transact business	in Ohio.
Complete the information in this section if Domestic	is checked in box (1)
·	
Complete the information in this section if Domestic The date of the first filing of the certificate of limited parts	nership
·	
·	nership Date
The date of the first filing of the certificate of limited parti	nership Date
The date of the first filing of the certificate of limited parts And if different, the date of the first filing by the partnersl	nership Date
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Complete the information in this section if Domestic is checked in box (1) Cont.					
Effective Date (Optional)	Date	(The cancellation is effective upon the filing of the certificate or on a later date specified.)			
Is a person other than partnership's affairs?	any general partner rel Yes (Please check		ne certificate of limited partnership w No box)	vinding up the limited	
If "Yes" was checked above, the name and business, residence, or mailing address of each liquidating trustee must be provided.					
Name		_	Address		
		<u>.</u>			
		-			
		<u>-</u>			
	ation in this section if				
The amendment is su ☐ a new liquidating t	bmitted for the following rustee(s) has/have been aiquidating Trustee(s)	g reason(s): n named			
		. -			
the following liquic	dating trustee(s) has/hav	ve ceased t	o serve as such		
Name of F	Former Liquidating Tru	ustee(s) -	Address		
the address of a n	amed liquidating trustee	- e has chanç	ged		
Name of L	iquidating Trustee		New Address		
		- -			

REQUIRED Must be authentica (signed) by an	ted	
authorized representative.	Signature	Date
	Print Name	
	Signature	Date
	Print Name	
	Signature	 Date
	Print Name	

Instructions for Certificate of Limited Partnership Cancellation / Limited Partnership Cancellation Amendment

This form should be used to cancel a certificate limited partnership or amend a cancellation of a certificate of limited partnership.

To cancel a certificate of limited partnership, please select box 1 and indicate if the limited partnership is registered as a domestic or foreign partnership. Pursuant to Ohio Revised Code §1782.10, a certificate of limited partnership must be canceled upon the dissolution and the commencement of the winding up of the partnership or at any other time there are no limited partners.

To amend a cancellation of a certificate of limited partnership, please select box 2. Pursuant to Ohio Revised Code §1782.10(D), within thirty days after the occurrence of any of the following events, an amendment to a certificate of cancellation reflecting the occurrence of the event shall be filed reflecting that: (1) a new liquidating trustee is named; (2) a liquidating trustee ceases to serve as such; or (3) the address of a liquidating trustee changed.

Limited Partnership Name and Registration Number

The name and registration number of the limited partnership must be provided.

Foreign Limited Partnership Cancellation

For foreign limited partnerships only, please provide the home state of organization and the date the foreign limited partnership registered in Ohio. The foreign limited partnership must then turn to page 3 of the form and complete the signature portion according to the instructions below.

Domestic Limited Partnership Cancellation

For domestic limited partnerships only, please provide the date of filing of its certificate of limited partnership and, if different, the date of the first filing by the partnership with the secretary of state pursuant to §1782.63 of the Revised Code.

The domestic limited partnership must provide the reason for filing the certificate of cancellation.

An effective date may be provided but is not required. The effective date will be the date of filing or a later date specified in the certificate of cancellation.

If a person(s) other than a general partner shown on the certificate of limited partnership is winding up the limited partnership's affairs, the name and the business, residence, or mailing address of the liquidating trustee(s) must be provided.

Limited Partnership Cancellation Amendment

For a domestic limited partnership, please complete the section on page 2 of the form to indicate an amendment to the certificate of cancellation. The amendment may indicate a new liquidating trustee has been named, a liquidating trustee has ceased to serve as such, or the address of a liquidating trustee has changed.

Please check the appropriate box to indicate the amendment type and provide the name and address of the liquidating trustee or former liquidating trustee as applicable.

Additional Provisions

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

Signature(s)

After completing all information on the filing form, please make sure that the form is signed by an authorized representative pursuant to Ohio Revised Code §1782.11(A)(3) or (4).

**Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.