



Form 567 Prescribed by the:
Ohio Secretary of State

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

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Expedite this form: (select one)

Mail form to one of the following:

Expedite PO Box 1390
Columbus, OH 43216

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

Non Expedite PO Box 1329
Columbus, OH 43216

STATEMENT OF DENIAL/DISSOCIATION/DISSOLUTION

Filing Fee: \$50
(190-PSC)

(CHECK ONLY ONE (1) BOX)

Table with 2 columns and 2 rows for selecting the type of statement: (1) Statement of Denial Partnership Authority, (2) Statement of Denial of Partner Status, (3) Statement of Dissociation, (4) Statement of Dissolution.

Form fields for Name of Partnership and Registration Number.

Agree to this statement if checked box 1: Each person submitting this form denies the authority stated in the Statement of Partnership Authority that was filed on: [Date] State specific authority being denied [ ]

Agree to this statement if checked box 2: Each person submitting this form denies that such person is a partner.

Agree to this statement if checked box 3: The following partner(s) is (are) dissociated from the partnership: Table with columns for Names, Date of Dissociation (Optional), and Address (Optional).

**Agree to this statement if checked box 4:**

The partnership has dissolved and is winding up its business.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be  
authenticated **(signed)**

by a person  
authorized to  
execute this  
document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Instructions for Statement of Denial/Dissociation/Dissolution

This form should be used to file a statement of denial, statement of dissociation or a statement of dissolution. Check box one to file a statement of denial, check box three to file a statement of dissociation and check box four to file a statement of dissolution.

### **Name and Registration Number of the Partnership**

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

### **Statement of Denial**

Pursuant to Ohio Revised Code §1776.34, a partner or a person named as a partner may file a statement of denial. The statement of denial may include denial of a person's authority or status as a partner. A statement of denial is a limitation on authority under divisions (D) and (E) of section 1776.33 of the Revised Code.

### **Statement of Dissociation**

Pursuant to Ohio Revised Code §1776.57, a dissociated partner or the partnership may file a statement of dissociation stating that the partner is dissociated from the partnership. Provide the name of the partner or partners in the space provided.

### **Statement of Dissolution**

Pursuant to Ohio Revised Code §1776.65, after dissolution, a partner who has not wrongfully dissociated may file a statement of dissolution stating the partnership has dissolved and is winding up its business.

### **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 a person authorized to sign the form.

**\*\*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.**