



**Wyoming Secretary of State**

State Capitol Building, Room 110  
200 West 24<sup>th</sup> Street  
Cheyenne, WY 82002-0020  
Ph. 307.777.7311  
Fax 307.777.5339  
Email: business@state.wy.us

For Office Use Only

**Limited Partnership  
Certificate of Cancellation**

1. Name of the limited partnership:

2. Date of filing of its certificate of limited partnership:

*(Date – dd/mm/yyyy)*

3. Reason for filing the certificate of cancellation:

4. Effective date (which shall be a date certain) of cancellation if it is not to be effective upon the filing of the certificate:

*(Date – dd/mm/yyyy)*

5. Any other information:

**6. A certificate of cancellation shall be signed by all of the general partners.**

Date:  
*(dd/mm/yyyy)*

General Partner Signature: \_\_\_\_\_

Print Name:

Date:  
*(dd/mm/yyyy)*

General Partner Signature: \_\_\_\_\_

Print Name:

Date:  
*(dd/mm/yyyy)*

General Partner Signature: \_\_\_\_\_

Print Name:

Contact Person:

Daytime Phone Number:

Checklist

**Filing Fee: \$50.00** Make check or money order payable to Wyoming Secretary of State.

Please submit one **originally signed** document and one exact photocopy of the filing.

**Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.**