



State of Arizona – Office of the Secretary of State
All Limited Partnerships
Partnership Cancellation Certificate

SEND BY MAIL TO:

Secretary of State Katie Hobbs, Atten: Limited Partnerships
 1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:

PHOENIX - State Capitol Executive Tower, 1700 W. Washington Street, 2nd Fl., Ste. 220
TUCSON - Arizona State Complex, 400 W. Congress, 1st Fl., Suite 141

Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842.

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY
SOSBSPARTNERSHIPCANCEL REV. 01/07/2019

KATIE HOBBS
 SECRETARY OF STATE

PLEASE NOTE: All correspondence regarding this filing will be sent to the principal office identified on this certificate. This application must be submitted with a self-addressed, stamped envelope with applicable filing fees.

INSTRUCTIONS

When to use this form: This certificate may be used for all types of partnerships on file with the Secretary of State.

Be Accurate: Complete all applicable fields on this form. Write legibly; or fill out this application online at www.azsos.gov and print it.

Submission: Submit this cancellation certificate in duplicate (one original, one copy) with a self-addressed, stamped envelope with payment. Attach additional sheets if necessary.

Filing Fee and Payment: \$10, plus \$3 per page; Checks or money orders shall be made payable to the *Secretary of State*. Credit cards accepted for in person filings.

Processing: 2-3 weeks; expedited service (3 - 5 business days) available for an additional \$25.

Website: All forms are available on the Secretary of State's website, www.azsos.gov.

1. PARTNERSHIP INFORMATION (As on your current certificate on file with the Secretary of State)

A. Name of Partnership ON FILE

B. Secretary of State File Number

Registration Number:

C. Date Certificate was Filed

Month	Day	Year
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2. CANCELLATION INFORMATION

A. Reason for Cancellation: Please state the reason(s) for filing this certificate of cancellation.

B. Effective Date: Please state the effective date of cancellation:

Month	Day	Year
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3. GENERAL PARTNER(S)

Please provide the name and signature of all general partners. Foreign Limited Partnerships only require the signature of one general partner.

1. General Partner (Printed)

1st Signer's Signature

Date

/ /

2. General Partner (Printed)

2nd Signer's Signature

Date

/ /

3. General Partner (Printed)

3rd Signer's Signature

Date

/ /

4. General Partner (Printed)

4th Signer's Signature

Date

/ /

5. General Partner (Printed)

5th Signer's Signature

Date

/ /