

**Delaware Division of Corporations  
401 Federal Street – Suite 4  
Dover, DE 19901  
Ph: 302-739-3073**

**Statement of Cancellation of  
Partnership**

Dear Sir or Madam:

Enclosed is the Statement of Cancellation of a Delaware Partnership to be filed in accordance with the Partnership Act of the State of Delaware. The fee to file the Certificate is \$200.00. Please make your check payable to “Delaware Secretary of State”.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State  
Division of Corporations

encl.

rev. 07/04

**STATE OF DELAWARE  
STATEMENT OF CANCELLATION**

1. The name of the partnership is \_\_\_\_\_  
\_\_\_\_\_.
2. The original date of filing the partnership is \_\_\_\_\_  
\_\_\_\_\_.
3. The reason for filing the statement of cancellation \_\_\_\_\_  
\_\_\_\_\_.
4. Any other information the person filing the statement of cancellation determines  
to insert \_\_\_\_\_  
\_\_\_\_\_.

**IN WITNESS WHEREOF**, the undersigned have executed this Statement of  
Cancellation this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

By: \_\_\_\_\_  
Authorized Partner(s)/Person

Name: \_\_\_\_\_  
Print or Type