



State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

Cancellation of Registration of Limited Partnership

(Submit with filing fee of \$25.00)

1. The name of the limited partnership in Missouri: _____
2. MO Charter #: _____
3. The name of the limited partnership in the parent state is: _____
4. The date the limited partnership was filed in Missouri is: _____
5. The reason for filing this certificate of cancellation in Missouri: _____

6. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____
Date may not be more than 90 days after the filing date in this office
7. Describe any other matters that the partners want to include in this certificate:

In Affirmation thereof, the facts stated above are true and correct:
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Signed by all general partners

Signature

Printed Name

Date

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____