



**COMMONWEALTH OF KENTUCKY
TREY GRAYSON, SECRETARY OF STATE**

**Division of Corporations
Business Filings**
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

**Cancellation of Certificate of Limited Partnership LPC
(Domestic Business Entity)**

Please note: This form applies to partnerships formed after July 11, 2006.

Pursuant to the provisions of KRS 362, the undersigned applies to cancel a certificate of limited partnership and, for that purpose, submits the following statement:

1. Name of the limited partnership is: _____
(The name must be identical to the name on record with the Secretary of State.)
2. The date of filing for the initial certificate of limited partnership was _____.
3. Any other information as determined by the general partners: _____

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of General Partner	Printed Name	Date

**FILING INSTRUCTIONS
CANCELLATION OF DOMESTIC LIMITED PARTNERSHIP**

NAME

Use the exact name of the business entity as registered with the Secretary of State.

WHO MAY SIGN

The document must be signed by all general partners.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

NUMBER OF COPIES

When filing online with the FastTrack system, no copies are required. If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the principal office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

FILING FEE

The filing fee is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Trey Grayson
Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions or need additional forms, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.