



State of Arizona – Office of the Secretary of State  
**All Limited Partnerships  
Partnership Cancellation Certificate**  
SEND BY MAIL TO:

Secretary of State Adrian Fontes, 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.

**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.

**DO NOT WRITE IN THIS SPACE**

**FOR OFFICE USE ONLY**  
**SOSBSPARTNERSHIPCANCEL REV. 01/04/2023**

**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](http://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 (5 business days) available for an additional \$25.

**Website:** All forms are available on the Secretary of State's website, [www.azsos.gov](http://www.azsos.gov).

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

<b>A. Name of Partnership ON FILE</b>	<b>Partnership Email Address</b>
<b>B. Secretary of State File Number</b> Registration Number:	<b>C. Date Certificate was Filed</b> Month Day Year

**2. CANCELLATION INFORMATION**

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

Month Day Year

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

Month Day Year

**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 / /