



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

SEND BY MAIL TO:

Secretary of State Adrian Fontes, Attn: Limited Partnerships
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:

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

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

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

2. CANCELLATION INFORMATION

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

(Four lines for comments)

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 |
|------------------------|------|

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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 |
|------------------------|------|

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