



**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

Certificate of Cancellation  
(Foreign Limited Partnership)

LPW

Pursuant to the provisions of KRS Chapter 362, the undersigned hereby applies to cancel the certificate of authority and, for that purpose, submits the following statement:

1. The name of the foreign limited partnership is \_\_\_\_\_.  
(Name must be identical to the name on record with the Secretary of State)
2. The limited partnership cancels its Foreign Limited Partnership's Certificate of Authority.
3. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_;  
(Delayed effective date and/or time.)

I 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 FOREIGN 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 90<sup>th</sup> 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](http://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](http://www.sos.ky.gov) or call (502) 564-3490.