



**Ed Murray**  
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For Office Use Only

## Limited Partnership Certificate of Cancellation

1. Name of the limited partnership:
  
2. Initial Registration Date :  
*(Date – mm/dd/yyyy)*
  
3. Reason for filing the certificate of cancellation:
  
4. Delayed effective date of cancellation if it is not to be effective upon the filing of the certificate:  
*(Date – mm/dd/yyyy)*
  
5. Any other information:

**6. A certificate of cancellation shall be signed by all of the general partners.**

Date: <i>(mm/dd/yyyy)</i>	General Partner Signature: _____
	Print Name: _____
Date: <i>(mm/dd/yyyy)</i>	General Partner Signature: _____
	Print Name: _____
Date: <i>(mm/dd/yyyy)</i>	General Partner Signature: _____
	Print Name: _____

Contact Person: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_  
*(Email provided will receive filing evidence)*  
*\*May list multiple email addresses*

**Checklist**  
**Filing Fee: \$50.00** Make check or money order payable to Wyoming Secretary of State.  
 Please submit one **originally signed** document.  
**Typical processing time is 3-5 business days** following the date of receipt in our office.  
 Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.