



Wyoming Secretary of State

State Capitol Building, Room 110
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For Office Use Only

**Limited Partnership
Certificate of Cancellation**

1. Name of the limited partnership:

2. Date of filing of its certificate of limited partnership:

(Date – dd/mm/yyyy)

3. Reason for filing the certificate of cancellation:

4. Effective date (which shall be a date certain) of cancellation if it is not to be effective upon the filing of the certificate:

(Date – dd/mm/yyyy)

5. Any other information:

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

Date:
(dd/mm/yyyy)

General Partner Signature: _____

Print Name:

Date:
(dd/mm/yyyy)

General Partner Signature: _____

Print Name:

Date:
(dd/mm/yyyy)

General Partner Signature: _____

Print Name:

Contact Person:

Daytime Phone Number:

Checklist

Filing Fee: \$50.00 Make check or money order payable to Wyoming Secretary of State.

Please submit one **originally signed** document and one exact photocopy of the filing.

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.