



**Wyoming Secretary of State**

State Capitol Building, Room 110  
200 West 24<sup>th</sup> Street  
Cheyenne, WY 82002-0020  
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For Office Use Only

**Registered Limited Liability Partnership  
Withdrawal of Registration**

1. Name of the registered limited liability partnership:
2. Date of filing of the initial statement of registration in the Office of the Secretary of State on: *(Date – mm/dd/yyyy)*
3. Reason for filing the statement of withdrawal:
4. Effective date of withdrawal, if it is not to be effective on the filing of the statement of withdrawal, provided that any effective day other than the date of filing of the statement of withdrawal shall be a date subsequent to the filing:

*(Date – mm/dd/yyyy)*

5. This statement of registration has been executed by one (1) or more partners authorized to execute a statement of registration.

Date:  
*(mm/dd/yyyy)*

**Signature:** \_\_\_\_\_

Print Name:

Title:

Date:  
*(mm/dd/yyyy)*

**Signature:** \_\_\_\_\_

Print Name:

Title:

Date:  
*(mm/dd/yyyy)*

**Signature:** \_\_\_\_\_

Print Name:

Title:

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.**