

## **Wyoming Secretary of State**

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Email: Business@wyo.gov

For Office Use Only

**Registered Limited Liability Partnership** Withdrawal of Registration

1. Name of the	e registered limited liability	y partnership:	
2. Date of filing	ng of the initial statement o	f registration in the Office of the Secretary of State on:	(Date – mm/dd/yyyy)
3. Reason for	filing the statement of with	ndrawal:	
		f it is not to be effective on the filing of the statement in the date of filing of the statement of withdrawal shall	
	(Date – mm/dd/yyyy)		
5. This statem registration.		n executed by one (1) or more partners authorized to e	xecute a statement of
Date:	(mm/dd/yyyy)	Signature:	
		Print Name:	
		Title:	
Date:	(mm/dd/yyyy)	Signature:	
		Print Name:	
		Title:	
Contact Person	1:		
Daytime Phone Number:		Email: (An email address is required. Email(s) provided will reminders, notices and filing evidence.)	l receive important
Process	ing time is up to 15 business	noney order payable to Wyoming Secretary of State. <b>s days</b> following the date of receipt in our office. <b>good standing</b> with this office.	

Please mail with payment to the address at the top of this form. This form cannot be accepted via email.

Please review the form prior to submission. The Secretary of State's Office is unable to process incomplete forms.