



CANCELLATION OF CERTIFICATE OF LIMITED PARTNERSHIP

State Form 55338 (R3 / 05-24)
Approved by State Board of Accounts, 2017

Diego Morales
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 234-9768
INBiz.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
 3. For additional forms please visit in.gov/sos/business/division-forms
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number ()	E-mail address (If different from above – SOS use only)	





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Indiana Code 23-16-3-4
23-0.5-9-13

FILING FEE: \$90.00

CERTIFICATE OF CANCELLATION OF

(Name of Limited Partnership)

The above Limited Partnership (LP) (hereinafter referred to as the "LP") desiring to give notice of entity action authorizing and effectuating the cancellation of the LP pursuant to the provisions of the Indiana Revised Uniform Limited Partnership Act, sets forth the following.

APPLICANT INFORMATION

Name of the LP

Date of certificate of LP *(month, day, year)*

Date of cancellation *(month, day, year)*

Reason for filing Certificate of Cancellation

Any other information

SIGNATURE

In witness whereof, the undersigned signs this Certificate of Cancellation and verifies, subject to penalties of perjury, that the statements contained herein are true, this ____ day of _____, 20____.

Signature

Printed name

Title

NOTE: Notice must be filed with the following Indiana State agencies: Department of Revenue (IC 6-8.1-10-9) and Department of Workforce Development (IC 22-4-32-23).