

CE
53-02

KANSAS SECRETARY OF STATE
**Limited Partnership
Certificate of Cancellation**
Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> Filing fee	The filing fee for this document is \$35 .
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
<input type="checkbox"/> Submission	If this form is submitted after the close of the entity's tax year, an annual report and fee must be submitted along with or prior to cancellation. If the entity has forfeited, it must reinstate before cancellation.
<input type="checkbox"/> Signatures	This form must be signed by all general partners. Attach additional pages if necessary.

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If the fiscal year end has passed, the annual report must be filed before the dissolution can be filed.

THIS SPACE FOR OFFICE USE ONLY.

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1. Business entity ID number:

Not Federal Employer ID Number (FEIN).

2. Name of limited partnership:

Must match name on record with Secretary of State.

3. The Kansas limited partnership hereby cancels its certificate.

4. The original filing date of the certificate of limited partnership:

Month	Day	Year

5. The reason for filing the cancellation:

6. Effective date:

Upon filing

Future effective date:

Month

Day

Year

7. I/We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, has been signed by all the general partners and that I/we have remitted the required fee.

Signature of General Partner

Month

Day

Year

Signature of General Partner

Month

Day

Year

X

X

Signature of General Partner

Month

Day

Year

Signature of General Partner

Month

Day

Year

X

X