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Do Not  
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**CR**  
53-02

**KANSAS SECRETARY OF STATE**  
**Foreign Limited Partnership**  
**Cancellation of Registration in Kansas**  
Instructions

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

**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

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"/> <b>Filing fee</b>	The filing fee for this document is <b>\$35</b> .
<input type="checkbox"/> <b>Payment</b>	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. <b>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.</b>
<input type="checkbox"/> <b>Submission</b>	If this form is submitted after the close of the entity's tax year, an annual report and fee must be filed along with or prior to dissolution. If the entity has forfeited, it must reinstate before withdrawal.

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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).

[Empty field for Business entity ID number]

**2. Name of limited partnership:**

Must match name on record with Secretary of State.

[Empty field for Name of limited partnership]

**3. Service of process may be forwarded to the foreign limited partnership at the following address:**

Must be a street address. A P.O. box is unacceptable

Name		
Street Address		
City	State	Zip Code

**4. The foreign limited partnership cancels its registration.**

**5. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.**

Signature of General Partner	Month	Day	Year
X			
Name of Signer (Printed or Typed)	Phone Number		