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KANSAS SECRETARY OF STATE  
**General Partnership/Limited Liability  
Partnership Statement of Dissociation**  
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"/> <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>Certified Copy</b>	A certified copy of a statement of dissociation filed in another state may be filed instead of this form.

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**1. Name of partnership**

Must match name on record with Secretary of State.

**2. Partner dissociated from the partnership**

**I/We declare the above-named partner to be dissociated from the general partnership.**

**3. I/We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.**

**If filed by a dissociating partner, the dissociating partner must sign.**

Signature of Dissociating Partner	Month	Day	Year
X			
Name of Signer (printed or typed)			

**If filed by the partnership, two partners must sign**

Signature of Partner	Month	Day	Year
X			
Name of Signer (printed or typed)			

Signature of Partner	Month	Day	Year
X			
Name of Signer (printed or typed)			