

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

**Certificate of Cancellation
Limited Partnership**
(15 Pa.C.S. § 8513)

Name		

Address		

City	State	Zip Code
_____	_____	_____

Document will be returned to the name and address you enter to the left.



Fee: \$70

In compliance with the requirements of 15 Pa.C.S. § 8513 (relating to certificate of cancellation), the undersigned limited partnership, desiring to cancel its Certificate of Limited Partnership, hereby certifies that:

1. The name of the limited partnership is:

2. The date of filing of the original Certificate of Limited Partnership is:

3. *Check one of the following:*

The limited partnership has been dissolved.

The limited partnership has no limited partners.

4. *Check, and if appropriate complete, one of the following:*

The cancellation shall be effective upon filing this Certificate of Cancellation in the Department of State.

The cancellation shall be effective on: _____ at _____.
Date Hour

IN TESTIMONY WHEREOF, the undersigned limited partnership has caused this Certificate of Cancellation to be executed this

_____ day of _____, _____.

Name of Limited Partnership

Signature

Title