



**Secretary of State
Business Programs Division**

Business Entities

1500 11th Street, Sacramento, CA 95814

P.O. Box 944260, Sacramento, CA 94244-2600

Submission Cover Sheet

For faster service, file online at bizfileOnline.sos.ca.gov.

Instructions:

- Complete and include this form with your paper submission. **This information only will be used to communicate in writing about the submission, if needed.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- In person submissions (excluding Statements of Information): \$15 handling fee; do not include a \$15 handling fee when submitting documents by mail.
- Standard processing time for submissions to this office is approximately 5 business days from receipt. All submissions are reviewed in the date order of receipt with online submissions given priority. For updated processing time information, visit www.sos.ca.gov/business/be/processing-dates.

Optional Copy and Certification Fees:

- If applicable, include optional certification fees with your submission.
- For applicable certification fee information, refer to the instructions of the specific form you are submitting.

Contact Person: (Please type or print legibly)

First Name: _____ Last Name: _____

Phone (optional): _____

Entity Information: (Please type or print legibly)

Name: _____

Entity Number (if applicable): _____

Address: _____

Comments _____



Secretary of State
Certificate of Cancellation
Limited Partnership (LP)

LP-4/7

Status must be active on California Secretary of State records.

No Fee for filing a Certificate of Cancellation.

Certification Fee (Optional) – \$5.00

Above Space For Office Use Only

1. Limited Partnership Name (Enter the exact name on file with the California Secretary of State.)

2. 12-Digit Entity Number (Enter the exact 12-digit Entity Number issued by the California Secretary of State.)

3. Date of Formation (**ONLY LPs initially formed in California:** Enter the date the initial Certificate of Limited Partnership was filed with the California Secretary of State.)

The initial Certificate of Limited Partnership was filed in California on ____ / ____ / ____.

Month Day Year

4. Cancellation Statement (Do not alter the Cancellation Statement.)

Upon the effective date of this Certificate of Cancellation, the Limited Partnership's registration is cancelled and its powers, rights and privileges will cease in California.

I declare that I am the person who signed this instrument, which is my act and deed. I further declare the information is true and correct, and I am authorized to sign.

 General Partner's Signature

 Type or Print Name

 General Partner's Signature

 Type or Print Name

 General Partner's Signature

 Type or Print Name