

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

CERTIFICATE OF CANCELLATION
DOMESTIC LIMITED PARTNERSHIP
SDCL 48-7-203

FILING FEE: \$125

Make check payable to **SECRETARY OF STATE**

1. The Name and Business ID of the Limited Partnership is:

Name (Note: This must be the exact name as registered.)

Business ID

2. Date of filing the Certificate of Limited Partnership: _____

3. The reason for filing the Certificate of Cancellation is:

4. If the cancellation is not to be effective upon filing, the deferred effective date shall be: _____

5. Any other information the general partners filing the Certificate of Cancellation determine:

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

The Certificate of Cancellation must be signed by **ALL** general partners (SDCL 48-7-204(3)).

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name