

NYS ARTICLES OF CANCELLATION OF LLP

DATE: _____

1. Name of LLP: _____
2. Date of Registration: _____
3. Authorizing Person and Title: _____
4. Mailing Address for Future Mailings and Process:

5. Name and Address for Each Partner (add sheet if necessary):

Indicate the Authorizing Member

Name: _____ Email: _____

Address: _____

Name: _____ Email: _____

Address: _____

Name: _____ Email: _____

Address: _____

Contact Name: _____ Email: _____

Business Name: _____

Phone Number: _____ Fax Number: _____

Billing Address: _____

Address for Delivery of Legal Documents:

COST OF SERVICE

Preparation and Submission: \$ 105.00

NYS Filing Fees: \$ 70.00

Administrative Fees: \$ 10.00

TOTAL: \$ 185.00

CREDIT CARD PAYMENT

Card No: _____ Exp: _____ Code: _____

Amount: \$ _____ Cardholder Name: _____

Cardholder Signature: X _____

