

**NYS CANCELLATION OF LIMITED PARTNERSHIP**

DATE: \_\_\_\_\_

1. Name of Limited Partnership: \_\_\_\_\_
2. Date Filed with NY Dept. of State: \_\_\_\_\_
3. Name of General Partners Authorizing Cancellation:  
\_\_\_\_\_
4. Reason for Cancellation:  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Address for Delivery of Legal Documents:  
\_\_\_\_\_  
\_\_\_\_\_

**COST OF SERVICE**

Preparation and Submission: \$ 150.00

NYS Filing Fees: \$ 85.00

Administrative Fees: \$ 10.00

TOTAL: \$ 205.00

**CREDIT CARD PAYMENT**

Card No: \_\_\_\_\_ Exp: \_\_\_\_\_ Code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Cardholder Signature: X \_\_\_\_\_

*Please note: The fee above is an estimate only. It is possible to incur additional disbursements to complete this order. If there are additional fees, they will be applied to this credit card.*

