

**STATE OF ALABAMA
DOMESTIC GENERAL PARTNERSHIP
CANCELLATION OF: STATEMENT OF PARTNERSHIP (GP)/
STATEMENT OF NOT FOR PROFIT PARTNERSHIP**

PURPOSE: In order to cancel the Statement of General Partnership OR Statement of Not For Profit Partnership under Section 10A-8A-2.03(d) of the Code of Alabama 1975 this Statement of Cancellation and the appropriate filing fees **must be filed with the Office of the Alabama Secretary of State**. The information required in this form is required by Title 10A.

INSTRUCTIONS: Mail one (1) signed original and one copy of this completed form and the \$100 filing fee to the Office of the Alabama Secretary of State, P.O. Box 5616, Montgomery, AL 36103-5616. Once the Secretary of State's Office has indexed the filing, the information will appear at www.sos.alabama.gov. Business Services (below picture), Business Entity Search – you may search by entity name or number. Your Cancellation will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).

This form must be typed.

_____ **Statement of Partnership**

_____ **Statement of Not For Profit Partnership**

1. The name of the General Partnership OR Not For Profit Partnership from the filed Statement of Partnership:

2. Alabama Entity ID Number (Format: 000-000): _____ - _____ **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at www.sos.alabama.gov. Business Services (below picture), Business Entity Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

(For SOS Office Use Only)

DOMESTIC GENERAL PARTNERSHIP CANCELLATION OF STATEMENT OF/NOT FOR PROFIT PARTNERSHIP

3. The date the Statement was filed: _____ / _____ / _____ (format MM/DD/YYYY)

4. The Office in which the Statement & Amendments were filed: _____

5. Street (**No PO Boxes**) address of principal office of limited liability partnership:

Mailing address of principal office (if different from street address):

6. The name of the Registered Agent: _____

7. Street (**No PO Boxes**) address of Registered Office – must be the location of Registered Agent (if different from principal office address):

Mailing address of Registered Office/Agent (if different from street address): _____

8. This statement of cancellation was approved in accordance with 10A-8A-2.03 of the Code of Alabama 1975.

9. Delayed effective date of the Cancellation: _____ / _____ / _____ (format MM/DD/YYYY) - must be the date later than the date the filing is received by the filing office. **Filing date will be the effective date if a later date is not provided.**

10. The person filing this statement shall promptly send a copy of this Statement of Cancellation to every nonfiling partner and to any other person named as a partner.

_____ **Exception to Filing Order:** The filer certifies that this entity was created by an act of the Legislature prior to the adoption of the Constitution of Alabama of 1901, or was formed as a result of a merger, share exchange, or conversion and may be filed first with the Secretary of State of Alabama with copies and fees for the County Probate Office included in the filing pursuant to 10A-1-4.02(c)(4).

DOMESTIC GENERAL PARTNERSHIP CANCELLATION OF STATEMENT OF/NOT FOR PROFIT PARTNERSHIP

Must be executed by one or more partners authorized to execute Statement of Cancellation.

Date (MM/DD/YYYY)

Signature of Partner

Typed Name of Above Partner Signature

Signature of Partner

Typed Name of Above Partner Signature

Secretary of State Payment Option Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. If you opt for the email return of documents the credit card receipt will be emailed with the document. Hold for pickup request – acknowledgement copy will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees which will be charged; (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed.

Partnership Name: _____

Service Requested: \$100.00 Statement of Cancellation filing fee

\$100.00 Expedite fee

Hold at Front Desk for Pick-up by: _____
(Service providers who run couriers for pick-up – we do not have a call for pick-up service)

Return via email (only one email): _____

No paper copy will be sent if email is provided.

_____ Check is attached - Please make one check payable for the total amount of the fees to the Alabama Secretary of State.

_____ Charge fees to prepaid account: Account Number _____

and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____
Street or PO

City State Zip

Signature of Card Holder: _____
MUST be Signature of Card Holder