

STATE OF ALABAMA

**DOMESTIC LIMITED PARTNERSHIP (LP)
STATEMENT OF DISSOLUTION**

PURPOSE: In accordance with Section 10A-9A-8.02 of the Code of Alabama 1975 a dissolved Limited Partnership that has completed winding up may deliver for filing in accordance with Section 10A-9A-8.02(b)(1) a Statement of Dissolution.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed Dissolution along with the appropriate filing fees to the Office of the Judge of Probate in the county where the Partnership's original Certificate of Formation was filed. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00 and the Judge of Probate's Office will transmit the fees along with a certified copy of the Dissolution to the Office of the Secretary of State within 10 days after the Dissolution is recorded. You may pay the Secretary of State fee by credit card if the county you are filing in will accept that method of payment (see attached). Your filing 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).



(For SOS Office Use Only)

This form must be typed.

1. The name of the Limited Partnership from the filed Certificate of Limited Partnership:

2. Date the Certificate of Limited Partnership was filed in the county (mm/dd/yyyy): _____

County in which Certificate of Limited Partnership was filed: _____

3. Alabama Entity ID Number (Format: 000-000): _____ - _____

INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: You may obtain the number on our website at www.sos.alabama.gov Click on Business Services (below picture), click on Business Entity Search, click on Entity Name, enter the name of the Partnership 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.

4. A Statement of Dissolution must be signed by all general partners or by the person appointed pursuant to Section 10A-9A-8.03(b) or (c) to wind up the dissolved Limited Partnership's activities and affairs. Signing requirements are in accordance with 10A-9A-2.03(a)(6). Person Appointed signs below or attach second sheet with all General Partners signing.

Date

Typed or Printed Name of Person Appointed to Wind Up

Signature of Person Appointed to Wind Up

DOMESTIC LIMITED PARTNERSHIP (LP) STATEMENT OF DISSOLUTION

The name of the General Partner: _____

Street Address of General Partner: _____

Signature of General Partner

The name of the General Partner: _____

Street Address of General Partner: _____

Signature of General Partner

The name of the General Partner: _____

Street Address of General Partner: _____

Signature of General Partner

The name of the General Partner: _____

Street Address of General Partner: _____

Signature of General Partner

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: _____

AL Entity ID #: ____ - ____ (ex: 000-000)

Service Requested: \$100.00 Dissolution filing fee

\$100.00 Expedite fee (**must be included with initial filing**)

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