

**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 (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$100.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616**. The Certificate will not be registered if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 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): _____ - _____ **TO OBTAIN ID NUMBER** Go to our website at www.sos.alabama.gov click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

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):

This form was prepared by: (type name and full address)

(For SOS Use Only)

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

6. The name of the Registered Agent: _____

Street address (**No PO Boxes**) 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): _____

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

8. 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.**

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

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 Credit Card or Prepaid Payment Option/Return/Hold Sheet: ; If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request 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 (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

AL Entity ID #, required for all filings other than formation/registration: _____ - _____ (ex: 000-000)

Service Requested: \$100.00 Dissolution/Cancellation filing fee

Hold at Front Desk for Pick-up by: _____

There is no notification service/call for pick-up. (Service providers who run couriers for pick-up)

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ 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