

(For Office Use Only)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
(Name of Partnership)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Cancellation of Partnership Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**CANCELLATION OF PARTNERSHIP STATEMENT**

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following to cancel a partnership statement:

*(Note: A cancellation of a partnership statement cannot be filed with the Florida Department of State unless the partnership statement being canceled was previously filed and is of record with this office.)*

**FIRST:** The name of the partnership is: \_\_\_\_\_  
\_\_\_\_\_

**SECOND:** The partnership was registered with the Florida Department of State on \_\_\_\_\_  
and assigned registration number \_\_\_\_\_.

**THIRD:** This cancellation cancels the following statement

- Statement of Partnership Authority filed on \_\_\_\_\_, assigned document number GP \_\_\_\_\_.
- Statement of Dissolution filed on \_\_\_\_\_, assigned document number GP \_\_\_\_\_.
- Statement of Denial filed on \_\_\_\_\_, assigned document number GP \_\_\_\_\_.
- Statement of Dissociation filed on \_\_\_\_\_, assigned document number GP \_\_\_\_\_.
- Statement of Merger filed on \_\_\_\_\_, assigned document number GP \_\_\_\_\_.
- Statement of Limited Liability Partnership Qualification filed on \_\_\_\_\_, assigned  
document number LLP \_\_\_\_\_.

**FOURTH:** Text/Substance of Cancellation:

**FIFTH:** Effective date, if other than the date of filing: \_\_\_\_\_.

(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signatures of a partner or authorized person: \_\_\_\_\_

Typed or printed name of person signing above: \_\_\_\_\_

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)