



Wyoming Secretary of State

State Capitol Building, Room 110
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Cheyenne, WY 82002-0020
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For Office Use Only

**Foreign Limited Partnership
Certificate of Cancellation of Registration**

1. Name of the limited partnership:

2. Date on which the limited partnership was registered in Wyoming:
(Date – mm/dd/yyyy)

3. Name under which the limited partnership is registered to do business in the state of Wyoming:

4. **The limited partnership hereby cancels its registration to do business in the state of Wyoming.**

5. Mailing address of the limited partnership:

Date:
(mm/dd/yyyy)

General Partner Signature: _____

Print Name:

State of _____
County of _____

Subscribed and sworn to before me this _____ day of _____, _____ by
_____.

SEAL

Notary Public

My commission expires: _____

Contact Person:

Email:

Daytime Phone Number:

Checklist

Filing Fee: \$50.00 Make check or money order payable to Wyoming Secretary of State.
Must be signed and sworn to by a general partner of the limited partnership.
Please submit one **originally signed** document and one exact photocopy of the filing.
Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.