



DO NOT STAPLE

FORM **310**

**CERTIFICATE OF CANCELLATION  
 DOMESTIC LIMITED PARTNERSHIP**

Sec. 179.13 Wis. Stats.

A. The name of the limited partnership is :

\_\_\_\_\_

B. Date of filing of original certificate of limited partnership: \_\_\_\_\_

C. Reason for cancellation of the certificate of limited partnership:

D. Other information (OPTIONAL):

E. Execution (NOTE: The certificate is to be signed by **all** General Partners or, if there is no General Partner, by a majority of the limited partners. If this certificate is executed by Limited Partners, modify the titles preprinted below)

Name of General Partner:	Signature: _____ (date)

This document was drafted by \_\_\_\_\_  
 (Name of the individual who drafted the document)

Office Use Only

## CERTIFICATE OF CANCELLATION – Domestic Limited Partnership

---

---

▲ Please provide an email or postal mailing address for the filed copy of the document.

Your **phone number** during the day: \_\_\_\_\_

### **INSTRUCTIONS** (Ref. sec. 179.13, Wis. Stats. for document content)

Please use **BLACK** ink. Submit one original to State of WI – Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with the appropriate **FILING FEE of \$10.00**. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit [www.wdfi.org/contact\\_us/](http://www.wdfi.org/contact_us/) for current physical address). Sign the document manually or otherwise as allowed under sec. 180.0120(3)(c), Wis. Stats. **NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 771 for TTY. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

**NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Item A. Enter the name of the limited partnership.

Item B. Provide the date of filing of the original Certificate of Limited Partnership.

Item C. Give the reason for filing the certificate of cancellation.

Item D. Space is provided for any other information the General Partners determine to include.

Item E. The certificate requires execution by **all** General Partners or, if there is no General Partner, by the majority of the Limited Partners. Any person may sign a certificate by an attorney-in-fact.

If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.

Filing a certificate of cancellation does not satisfy a partnership's obligation to file a **Final Return** with tax authorities, if a return is due. For particulars, contact WI Dept of Revenue at (608) 266-0800 or <http://www.revenue.wi.gov/html/taxcorp.html>.