



FORM **610**

**Statement of Cancellation
Limited Liability Partnership**

Sec. 178.0901(6) Wis. Stats.

Executed by the undersigned Wisconsin partnership to make known that the following partnership has elected to *terminate its status as a limited liability partnership* by filing with the Department of Financial Institutions a Statement of Cancellation:

1. Name of partnership:

2. The statement of qualification is cancelled. This statement has been approved by the affirmative vote or consent of all partners.

3. This document is to be signed by a person(s) authorized by the partnership:

Execution date: _____

(Authorized person's signature)

(Authorized person's signature)

(Typed or printed name and title)

(Typed or printed name and title)

4. This document was drafted by _____
(Name the individual who drafted the document)



OFFICE USE ONLY

STATEMENT OF CANCELLATION

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

Your **phone number** during the day: _____

INSTRUCTIONS (Ref. sec. 178.0901(6) 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 a check or money order \$40.00 filing fee payable to the department. Please check box, and include additional \$25.00, if requesting optional expedited service. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit www.wdfi.org/contact_us/ for current physical address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

1. The name of the partnership.
2. This statement of cancellation terminates the partnerships status as a limited liability partnership. and must be approved by the affirmative vote or consent of all the partners.
3. The document is to be executed by one or more persons authorized by the partnership.
4. If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the 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.