



FORM **611**

**Statement of Dissolution/Termination
General or Limited Liability Partnership**

Sec. 178.0802(2)(b)1. or 6. Wis. Stats.

Executed by the undersigned Wisconsin partnership to make known that the following partnership has elected to file with the Department of Financial Institutions a Statement of Dissolution or Termination:

1. Name of partnership:

2. The partnership is: () Dissolved. This dissolution is due to an event described in sec. 178.0801.
Or
() Terminated.

3. This document is required to be signed by a the person winding up the partnership's business under s.178.0802(4) , Wis. Stats. or a person appointed under s. 178.0802(5), Wis. Stats) to wind up the business:

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 DISSOLUTION or TERMINATION

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

Your phone number during the day: _____

INSTRUCTIONS (Ref. sec. 178.0802(2)(b)1. or 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 partnership.
2. Check the appropriate statement for either a dissolution or termination. This statement is required by statute.
3. This document is to be signed by a the person winding up the partnership's business under s.178.0802(4) , Wis. Stats. or a person appointed under s. 178.0802(5), Wis. Stats. to wind up the business.
4. If the document is executed in Wisconsin, sec. 182.01(3), Wis. Stats., provides that it shall not be filed unless the name of the drafter (either an individual or a governmental agency) is printed in a legible manner. If the document is not executed in Wisconsin, enter that remark.