



FORM **610**

**CANCELLATION OF  
STATEMENT OF QUALIFICATION  
LIMITED LIABILITY PARTNERSHIP**

Sec. [178.0901\(6\)](#), Wis. Stats.

1. Name of the partnership:

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

3. This document must be signed by a person authorized by the partnership:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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

(Optional) This document has a **delayed** effective date/time of: \_\_\_\_\_  
(up to 90 days after received date)

Office Use Only

**Contact Information:**

Name		
Mailing Address		
City	State	Zip Code
Email Address		Phone Number

**INSTRUCTIONS** (Refer to section [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 for the \$40.00 filing fee, payable to the Department of Financial Institutions. (If sent by express or priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705.) If requesting optional expedited service, please check the expedited service box in the upper-right corner of the first page and include an additional \$25.00. Filing fees are non-refundable. This document can be made available in alternate formats upon request to qualifying individuals with disabilities. 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) or by email at [DFICorporations@dfi.wisconsin.gov](mailto:DFICorporations@dfi.wisconsin.gov).

**Item 1.** State the name of the limited liability partnership.

**Item 2.** This statement confirms that the limited liability partnership is cancelling its statement of qualification on file with the Department, and that the limited liability partnership has first obtained the affirmative vote or consent of all its partners to take such action. Section 178.0901(6) of the Wisconsin Statutes requires a limited liability partnership to obtain approval of all its partners prior to filing this cancellation with the Department.

**Item 3.** The document must be executed by one or more persons authorized by the partnership.

**Drafter name.** If the document is executed in Wisconsin, section 182.01(3) of the Wisconsin Statutes requires that it include the name of the drafter. If the document is not executed in Wisconsin, so indicate in the space provided for the drafter's name.

**Optional delayed effective date/time.** This document may declare a delayed effective date and time. The effective date/time may not be before, or more than 90 days after, the document is received by the Department of Financial Institutions for filing. If no effective date/time is specified, the document will take effect at the close of business on the date it is received for filing by the Department.