

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

CERTIFICATE OF CANCELLATION FOREIGN LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink
Please submit one **Original** and one **Photocopy**
FILING FEE: \$125 payable to SECRETARY OF STATE

1. The Name and Business ID of the Limited Partnership is:

Name (Note: This must be the exact name as registered.) Business ID

2. The name of the state or other jurisdiction under whose laws it is incorporated: _____

3. Date of filing the Certificate of Limited Partnership: _____

4. The reason for filing the Certificate of Cancellation is:

The Certificate of Cancellation must be signed by all general partners.

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name