

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

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**Certificate of Cancellation  
Limited Partnership**  
(15 Pa.C.S. § 8513)

Name		
_____		
Address		
_____		
City	State	Zip Code
_____	_____	_____

**Document will be returned to the name and address you enter to the left.**



Fee: \$70

In compliance with the requirements of 15 Pa.C.S. § 8513 (relating to certificate of cancellation), the undersigned limited partnership, desiring to cancel its Certificate of Limited Partnership, hereby certifies that:

1. The name of the limited partnership is:

\_\_\_\_\_

2. The date of filing of the original Certificate of Limited Partnership is:

3. Check one of the following:

The limited partnership has been dissolved.

The limited partnership has no limited partners.

4. Check, and if appropriate complete, one of the following:

The cancellation shall be effective upon filing this Certificate of Cancellation in the Department of State.

The cancellation shall be effective on: \_\_\_\_\_ at \_\_\_\_\_.  
Date Hour

IN TESTIMONY WHEREOF, the undersigned limited partnership has caused this Certificate of Cancellation to be executed this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Name of Limited Partnership

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Signature

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Title



**Department of State  
Bureau of Corporations and Charitable Organizations  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
web site: [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$70 made payable to the Commonwealth of Pennsylvania. Checks must contain a commercially pre-printed name and address.
- B. This form shall be executed by all general partners or liquidating trustees or, if there is no general partner or liquidating trustee, by a majority in interest of the limited partners, and the execution portion of the form should be modified accordingly.
- C. The following, in addition to the filing fee, shall accompany this form:
  - (1) Tax clearance certificates from the Department of Revenue and from the Bureau of Employment Security of the Department of Labor and Industry evidencing payment of all taxes and charges payable to the Commonwealth.
  - (2) Any necessary governmental approvals.
- D. This form and all accompanying documents shall be mailed to the address stated above.