

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

<input type="checkbox"/> <b>Return document by mail to:</b> <hr/> Name <hr/> Address <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span> <input type="checkbox"/> <b>Return document by email to:</b> _____	Voluntary Termination [Never Transacted Business] Domestic Limited Partnership DSCB:15-8681.1 (2/2017)   8681.1
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Read all instructions prior to completing.

Fee: \$70

In compliance with the requirements of the applicable provisions 15 Pa.C.S. § 8681.1 (relating to voluntary termination by partners for a limited partnership that has never transacted business), the undersigned, desiring that the limited partnership should be terminated, hereby states that:

1. The name of the limited partnership is: \_\_\_\_\_

2. The current registered office address of the partnership as on file with the Department of State.

*Complete part (a) OR (b) – not both:*

(a) \_\_\_\_\_  
Number and street City State Zip County

(b) c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider County

3. The partnership has never transacted business or held assets other than money received as capital contributions.

4. The amounts, if any, actually paid in as contributions, less any part disbursed for necessary expenses, have been returned to those entitled to the return of the amounts.

5. A majority of the general partners elect that the limited partnership be terminated.

6. Check *one* of the following:

All liabilities of the partnership have been discharged.

Adequate provision has been made for the payment of the liabilities of the partnership.

IN TESTIMONY WHEREOF, at least a majority of the general partners of the above-named limited partnership has hereunto set their hands this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

## General Information

Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is \$70, made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

### Who should file this form?

This form may be used to terminate a domestic limited partnership that has never transacted business or held assets other than money received as capital contributions.

If a domestic limited partnership has transacted business, it must use form DSCB:15-8682(e) (Certificate of Termination – Limited Partnership) to terminate the limited partnership.

### Applicable Law

For termination, dissolution, and winding up requirements by general partners, in general, see 15 Pa.C.S. §§ 8681-8690. Statutes are available on the Pennsylvania General Assembly website, [www.legis.state.pa.us](http://www.legis.state.pa.us), by following the link for Statutes.

## Form Instructions

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on

this form will become part of the filed document and therefore public record.

**1. Name.** Give the exact name of the limited partnership. The name on this line must match exactly the association name as shown in Department's records at the time the Voluntary Termination [Never Transacted Business] is submitted for filing. **This field is required.**

**2. Address.** The address provided must be the association's registered office address (a) or Commercial Registered Office Provider (b) as on file with the Department of State at the time the Voluntary Termination [Never Transacted Business] is submitted for filing. **This field is required.**

**3-5. Mandatory statement. This field is required.**

**6. Check the appropriate box. A response to this field is required.**

### Signature and Verification

The Voluntary Termination [Never Transacted Business] must be executed by a majority of general partners. When the partnership has more than three executing general partners, additional signature lines should be added as appropriate. Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. **This field is required.**

### Attachments

The following, in addition to the filing fee, shall accompany this form:

(1) One copy of a completed form DSCB:15-134B (Docketing Statement-Changes).