



**Wyoming Secretary of State**  
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For Office Use Only

## Limited Partnership Certificate of Cancellation

1. Name of the limited partnership:
  
2. Initial Registration Date :  
*(Date – mm/dd/yyyy)*
  
3. Reason for filing the certificate of cancellation:
  
4. Delayed effective date of cancellation if it is not to be effective upon the filing of the certificate:  
*(Date – mm/dd/yyyy)*
  
5. Any other information:

**6. A certificate of cancellation shall be signed by all of the general partners.**

|                              |                                  |
|------------------------------|----------------------------------|
| Date:<br><i>(mm/dd/yyyy)</i> | General Partner Signature: _____ |
|                              | Print Name:                      |
| Date:<br><i>(mm/dd/yyyy)</i> | General Partner Signature: _____ |
|                              | Print Name:                      |
| Date:<br><i>(mm/dd/yyyy)</i> | General Partner Signature: _____ |
|                              | Print Name:                      |

Contact Person: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

*(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)*

**Checklist**

**Filing Fee: \$60.00** Make check or money order payable to Wyoming Secretary of State.  
**Processing time is up to 15 business days** following the date of receipt in our office.  
 The business entity is **active and in good standing** with this office.  
 Please mail with payment to the address at the top of this form. **This form cannot be accepted via email.**  
 Please review the form prior to submission. **The Secretary of State’s Office is unable to process incomplete forms.**