FILING FEE: $50.00

PRINT CLEARLY

CANCELLATION OF CERTIFICATE OF OKLAHOMA LIMITED PARTNERSHIP

TO: OKLAHOMA SECRETARY OF STATE
421 N.W. 13th, Suite 210
Oklahoma City, Oklahoma 73103
(405) 522-2520

The undersigned, for the purpose of canceling the certificate of limited partnership of an Oklahoma limited partnership pursuant to the provisions of 54 O.S, Section 311, do hereby execute and file the following Certificate of Cancellation:

1. The name of the limited partnership is:

_____

2. The date of filing of the original certificate of limited partnership _____

3. The name of the registered agent and the address of the registered office in the State of Oklahoma is:

_____

Name	**Street Address** (P.O. Boxes are **NOT** acceptable.)	**City**	**Zip Code**

4. The reason for filing the certificate of cancellation:

5. The effective date, which shall be a date certain, of cancellation if it is not to be effective upon filing of this certificate: _____

6. Other information, if any:

SIGNATURES OF ALL GENERAL PARTNERS

Signed and dated this _____day of _____, _____

Signature	Signature
_____	_____
(List title if applicable)	(List title if applicable)
_____	_____
Print or Type Name	Print or Type Name
_____	_____
Business Address	Business Address
_____	_____
City State Zip Code	City State Zip Code

NOTE: A Certificate of Cancellation must be signed by **ALL** general partners. A certificate being signed on behalf of a corporation shall be signed by the president or vice-president and shall not be required to be attested or sealed. (54 O.S., Section 312.A.3 & A.4)

Oklahoma Secretary of State
Request to receive
documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)