

STATE OF ALABAMA

DOMESTIC LIMITED PARTNERSHIP (LP)
STATEMENT OF DISSOLUTION

PURPOSE: In accordance with Section 10A-9A-8.02 of the *Code of Alabama 1975*, a dissolved Limited Partnership that has completed winding up may deliver for filing in accordance with Section 10A-9A-8.02(b)(1) a Statement of Dissolution.

INSTRUCTIONS: **Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:**

***Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

*Include a check, money order, or credit card payment for the \$100.00 processing fee.

*The request is only accepted via mail or courier and will not be accepted via email.

*You may file the dissolution online in the time it takes to type this request.

*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed and will not be accepted via email.

1. The current recorded name of the Limited Partnership:

2. Alabama Entity ID Number (Format: 000-000-000): _____ - _____ - _____ **TO OBTAIN ID NUMBER,** go to our website at www.sos.alabama.gov, click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

3. A Statement of Dissolution must be signed by all General Partners or by the person appointed pursuant to Section 10A-9A-8.03(b) or (c) to wind up the dissolved Limited Partnership's activities and affairs. Signing requirements are in accordance with 10A-9A-2.03(a)(6). Person appointed must sign below, **and** include address on next page, or attach second sheet with all General Partners signing.

4. The undersigned certifies that the limited partnership is dissolved.

Date (MM/DD/YYYY)

Typed name of person appointed to wind up

Signature of person appointed to wind up

This form was prepared by: (type name and full address)

(For SOS Use Only)

DOMESTIC LIMITED PARTNERSHIP (LP) STATEMENT OF DISSOLUTION

Street address of person appointed to wind up: _____

Mailing address of person appointed to wind up: _____

Must be signed by all General Partners

The name of the General Partner: _____

Street address of General Partner: _____

Date (MM/DD/YYYY)

Typed name of General Partner signing document

Signature of General Partner

The name of the General Partner: _____

Street address of General Partner: _____

Date (MM/DD/YYYY)

Typed name of General Partner signing document

Signature of General Partner

The name of the General Partner: _____

Street address of General Partner: _____

Date (MM/DD/YYYY)

Typed name of General Partner signing document

Signature of General Partner

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus \$2.00).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

AL Entity ID #, required for all filings other than formation/registration: _____
(ex: 000-000-000)

Service Requested: \$100.00 Dissolution/Cancellation filing fee

Hold at Front Desk for pick-up by: _____

There is no notification service/call for pick-up.

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ Charge fees to prepaid account: Account Number _____
and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr.: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____
Street or PO Box

City State Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder