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**KANSAS SECRETARY OF STATE
Statement of Dissolution
Domestic (Kansas) Limited Liability
Partnership and General Partnership**

INSTRUCTIONS FOR FILING STATEMENT OF DISSOLUTION

**SUBMIT THE DOCUMENTS
WITHOUT THIS PAGE**

Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online. File this document directly online at <https://www.sos.ks.gov/businesses/close-a-business.html>.

How to complete the Statement of Dissolution for a domestic (Kansas) limited liability partnership and general partnership:

Before proceeding, the business's status must be either in good standing or showing as registered. Businesses in a forfeited status must first reinstate to file a dissolution. Check the status of the business online at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.

More information on reinstating can be found online at <https://www.sos.ks.gov/businesses/reinstate-a-business.html>.

Each of the numbered instructions below corresponds to a section on the form.

1. List the business's ID number issued by the Kansas Secretary of State (This is not a tax ID number). ID numbers may be found online at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.
2. Provide the complete legal business name, including words of formation (e.g., LLP, Limited Liability Partnership, etc.)
3. A partner must sign.

Fee Schedule

Statement of Dissolution

The filing fee for the statement of dissolution is as follows:

Paper Statement of Dissolution:	\$35
Online Statement of Dissolution:	\$30

Filing Online

The statement of dissolution may be filed directly online at <https://www.sos.ks.gov/businesses/close-a-business.html>.

Mail to:

Kansas Secretary of State
Memorial Hall, 1st Floor
120 SW 10th Avenue
Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Make checks payable to the Kansas Secretary of State. Once processing the statement of dissolution is completed, a certified copy of the certificate of cancellation will be mailed to the address of the sender.

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**COVER PAGE
STATEMENT OF DISSOLUTION**

Note: The credit/debit card information will be destroyed upon the filing of the document.

Contact Information

Contact Person

Direct Phone Number for Contact Person

Payment Information

Credit/Debit Card Number

Expiration Date

Billing Zip Code

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Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 https://sos.ks.gov

Note: The status of the business must be either in good standing or registered. Businesses in a forfeited status must first reinstate before submitting this document. See instructions for details.

1. Business ID/file number:

Kansas Secretary of State
issued file number

2. Name of partnership:

Must match name on record with
the Kansas Secretary of State.

The above-named partnership has dissolved and is winding up its business.

3. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

Signature of Partner

Name of Signer (Printed or Typed)

X