

**CE**  
53-02

KANSAS SECRETARY OF STATE  
**Limited Partnership  
Certificate of Cancellation**  
Instructions

The following form **must be complete** and accompanied by the **correct filing fee** or the document will **not** be accepted for filing.

**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 www.sos.ks.gov

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

|  |   |
|--|---|
| <input type="checkbox"/> <b>Filing fee</b>                       | The filing fee for this document is <b>\$35</b> .   |
| <input type="checkbox"/> <b>Payment</b>                          | <p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. <b>Please do not send cash.</b></p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p><b>Credit card number</b> _____</p> <p><b>Billing zip code</b> _____ <b>Expiration date</b> _____</p> <p><b>NOTICE: There is a \$25 service fee for all returned checks.</b></p>  |
| <input type="checkbox"/> <b>Daytime phone and contact person</b> | _____   |
| <input type="checkbox"/> <b>Fax filing available</b>             | <p>Documents may be fax filed for a processing fee of <b>\$20 in addition</b> to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to <b>Business Services, 785-296-4570</b>. Faxed documents that are without errors and received prior to 4:00 p.m. CT will receive that day's file date. Faxed documents received after 4:00 pm CT cannot be guaranteed to receive that day's filing date.</p> <p>Filed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day return faxing.</p> |
| <input type="checkbox"/> <b>Submission</b>                       | If this form is submitted after the close of the entity's tax year, an annual report and fee must be submitted along with or prior to cancellation. If the entity has forfeited, it must reinstate before cancellation.   |
| <input type="checkbox"/> <b>Signatures</b>                       | This form must be signed by all general partners. Attach additional pages if necessary.   |

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If the fiscal year end has passed, the annual report must be filed before the dissolution can be filed.

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THIS SPACE FOR OFFICE USE ONLY.

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**1. Business entity ID number:**

Not Federal Employer ID Number (FEIN).

**2. Name of limited partnership:**

Must match name on record with Secretary of State.

**3. The Kansas limited partnership hereby cancels its certificate.**

**4. The original filing date of the certificate of limited partnership:**

| Month | Day | Year |
|-------|-----|------|
|       |     |      |

**5. The reason for filing the cancellation:**

**6. Effective date:**

Upon filing

Future effective date:

Month

Day

Year

**7. I/We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, has been signed by all the general partners and that I/we have remitted the required fee.**

Signature of General Partner

Month

Day

Year

X

Signature of General Partner

Month

Day

Year

X

Signature of General Partner

Month

Day

Year

X

Signature of General Partner

Month

Day

Year

X