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KANSAS SECRETARY OF STATE
General Partnership/Limited Liability
Partnership Statement of Dissociation
Instructions

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

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

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"/> Filing fee	The filing fee for this amendment is \$35 .
<input type="checkbox"/> Payment	<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. Please do not send cash.</p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p>Credit card number _____</p> <p>Billing zip code _____ Expiration date _____</p> <p>NOTICE: There is a \$25 service fee for all returned checks.</p>
<input type="checkbox"/> Daytime phone and contact person	_____
<input type="checkbox"/> Fax filing available	<p>Documents may be fax filed for a processing fee of \$20 in addition 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 Business Services, 785-296-4570. 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"/> Certified Copy	A certified copy of a statement of dissociation filed in another state may be filed instead of this form.

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THIS SPACE FOR OFFICE USE ONLY.

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1. Name of partnership

Must match name on record
with Secretary of State.

**2. Partner dissociated
from the partnership**

I/We declare the above-named partner to be dissociated from the general partnership.

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

If filed by a dissociating partner, the dissociating partner must sign.

Signature of Dissociating Partner	Month	Day	Year
X			
Name of Signer (printed or typed)			

If filed by the partnership, two partners must sign

Signature of Partner	Month	Day	Year
X			
Name of Signer (printed or typed)			

Signature of Partner	Month	Day	Year
X			
Name of Signer (printed or typed)			