Prescribed by:
The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
○ No	PO Box 1329 Columbus, OH 43216

Certificate of Cancellation / Cancellation Amendment
Withdrawal of Limited Partnership or Partnership Having Limited Liability

(Domestic or Foreign)

Filing Fee $50.00

(CHECK ONLY ONE (1) BOX)

(1) Limited Partnership Cancellation ☐ Domestic (133-LPC) ☐ Foreign (132-FPC)	**(2)** Limited Partnership ☐ Cancellation Amendment (101-LPN)	**(3)** ☑ Withdrawal of Partnership Having Limited Liability (156-PLW) Date of Withdrawal _____ (Date)

Complete the general information in this section for the box checked above.

Name of Partnership: WXYZ Services, LLP

Registration Number: 1234567

Complete the information in this section if Domestic is checked in box (1).

Date of initial filing: 1/1/2011
(Date)

Date of filing with Secretary of State: 1/1/2011
(Date)

Reason for filing certificate of cancellation

Limited Partnership no longer conducting business

The effective date of cancellation: (please check/complete one of the following)

☑ Upon Filing of Certificate of Cancellation _____
(Date)

(Please note that the effective date of cancellation cannot precede or be earlier than the date of filing)

Is a person other than any general partner reflected on the certificate of limited partnership winding up the limited partnership's affairs? ☐ Yes ☑ No
(Please check applicable box)

If "Yes" was checked above, the name and the business, residence or mailing address of each liquidating trustee must be listed in the following space:

Name	Street Address	City/State/Zip

(If insufficient space for this item, please attach a separate sheet)

SAMPLE
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Complete the information in this section if Domestic is checked in box (1) Cont.

Other (Optional)

_____

_____

_____

_____

(If insufficient space for this item, and you are filing by paper submission, please attach a separate sheet(s): this portion of the certificate may not exceed three (3) additional pages, ORC 1782.10(B)(6))

Complete the information in this section if Foreign is checked in box (1).

A Foreign Limited Partnership, formed under the laws of the state or country of _____

and registered to transact business in Ohio on _____ certifies that said Foreign Limited Partnership is not longer transacting business in the State of Ohio and hereby states that said Foreign Limited Partnership surrenders its authority to transact business in Ohio.

Complete the information in this section if box (2) is checked.

The amendment is submitted for the following reason(s):

☐ a new liquidating trustee(s) has/have been named *(if this box has been checked, please complete the following):*

If space for trustees is insufficient, and you are filing by paper submission, please attach a separate sheet containing the additional names and addresses

Name and Address

_____

_____

_____

☐ the following liquidating trustee(s) has/have ceased to serve as such
(if this box has been checked, please complete the following):

If space for trustees is insufficient, and you are filing by paper submission, please attach a separate sheet containing the additional names and addresses

Name and address of former liquidating trustee(s):

_____

_____

_____

legalzoom.com
SAMPLE

Complete the information in this section if box (2) is checked Cont.

☐ the address of a named liquidating trustee has changed
(if this box has been checked, please complete the following):

If space for trustees is insufficient, and you are filing by paper submission, please attach a separate sheet containing the additional names and addresses

Name of liquidating trustee	New address

REQUIRED
Must be authenticated **(singed)** by an authorized representative
(See Instructions)

Authorized Representative	Date
Authorized Representative	Date
Authorized Representative	Date

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