



## **INSTRUCTIONS: VOLUNTARY WITHDRAWAL OF LIMITED LIABILITY PARTNERSHIP RCW 25.05**

**Purpose:** Voluntary Withdrawal is used to voluntarily dissolve the business entity. After this submission is filed the business entity is no longer eligible for reinstatement.

**General Instructions:** Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website [www.sos.wa.gov/corporations](http://www.sos.wa.gov/corporations) a fillable .pdf version of this form is available or you can file online at <https://ccfs.sos.wa.gov>

**Mail:** Send the completed form and payment to the address listed above.

**Payment:** Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

**Fees:** There is no filing fee for the Voluntary Withdrawal.

**Expedited Service:** If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

### **ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.**

**(1) Unified Business Identifier (UBI):** Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

**(2) Current Name of Business Entity:** Provide the name as recorded with the Office of the Secretary of State of Washington. The Name and UBI Number of the business **must** match our records to be accepted.

**(3) Effective Date:** Select the date this filing is to be effective. If "Date of Filing" is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

**(4) Return Address for this Filing:** If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent's address.

**(5) Authorized Person:** Sign, print, provide the signer's title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at [www.sos.wa.gov/corporations](http://www.sos.wa.gov/corporations) to chat with a representative.



**WASHINGTON**  
Secretary of State

Corporations & Charities Division

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

**THIS BOX FOR OFFICE USE ONLY**

No Filing Fee

To Expedite Filing, Add \$100

**VOLUNTARY WITHDRAWAL**

Limited Liability Partnership

[RCW 25.05.500](#)

**All fields REQUIRED unless otherwise specified**

**(1) UBI No.:** \_\_\_\_\_

**(2) CURRENT BUSINESS ENTITY NAME:** (as currently recorded with the Office of the Secretary of State)

**(3) EFFECTIVE DATE OF THIS FILING:** Check ONE of the following

Date of filing (default) this is the date that the submission is completed by our office

Specify a Date \_\_\_\_\_ (cannot be more than 90 days following received date)

**(4) RETURN ADDRESS FOR THIS FILING:**

**Attention to:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**(5) AUTHORIZED PERSON:**

**I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.**

\_\_\_\_\_  
**Signature of Authorized Person**                      **Printed Name/Title**                      **Date**