



This Box For Office Use Only

### Limited Liability Partnership

See attached detailed instructions

- No Filing Fee
- Filing Fee with Expedited Service \$50.00

UBI Number:

## LIMITED LIABILITY PARTNERSHIP NOTICE OF WITHDRAWAL

Chapter 25.05 RCW

#### SECTION 1

**NAME OF LIMITED LIABILITY PARTNERSHIP:** *(as currently recorded with the Office of the Secretary of State)*

**DATE REGISTERED IN WASHINGTON STATE:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

#### SECTION 2

**MAILING ADDRESS TO RETURN THE COMPLETED DOCUMENT:**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### SECTION 3

**AUTHORIZED SIGNATURE:** *(see instructions page)*

*This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.*

X _____	_____	_____	_____
<b>Signature</b>	<b>Printed Name/Title</b>	<b>Date</b>	<b>Phone</b>

## **INSTRUCTIONS – LIMITED LIABILITY PARTNERSHIP NOTICE OF WITHDRAWAL**

Please complete all sections of the Limited Liability Partnership Notice of Withdrawal. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps), email [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or call (360) 725-0377.

**UBI Number:** Enter your existing Unified Business Identifier (UBI Number) as currently recorded with the Office of the Secretary of State, in the box in the upper right hand corner of page 1.

### **Section 1**

Indicate the Limited Liability Partnership (LLP) name as currently registered with the Office of the Secretary of State, Indicate the date the LLP was first registered in Washington State.

### **Section 2**

Please indicate the address where the completed document should be mailed.

### **Section 3**

The Notice of Withdrawal must be executed by a partner or other authorized person. If necessary attach additional names, addresses, titles and signatures.

### **Additional Information:**

**FEES:** There is no filing fee for a Notice of Withdrawal. If expedited service is requested, include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State".

**All payments must be received in US Dollars. All fees are non-refundable.**

### **Mail completed forms and payment to:**

Secretary of State, Corporation Division  
801 Capitol Way S  
PO Box 40234  
Olympia WA 98504-0234

If you have questions, need assistance or would like to provide feedback please visit the Corporations Division website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) or call (360) 725-0377.