



Office of the Secretary of State
 Corporations & Charities Division
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Limited Liability Partnership
[RCW 25.05.500](#)

Please provide UBI # _____

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

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- Date of filing** **Specify a Date** _____ cannot be more than 90 days following received date

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

Signature of Authorized Person

Printed Name/Title

Date