## Form must be filed electronically.

Paper forms are not accepted.

This copy is a sample and cannot be submitted for filing.

## Statement of Withdrawal of Registration for a Limited Liability Limited Partnership (LLLP)

filed pursuant to §7-90-301, et seq. and §7-60-144 or §7-64-1002 of the Colorado Revised Statutes (C.R.S)

ID number:			
1. Entity name:			
2. Principal office mailing address:			
	(Street name and number or Post Office Box information)		
	(City)	(State)	(Postal/Zip Code)
	(Province – if applicable)	(Country – if not U	US)
3. ( <i>Optional</i> ) Delayed effective date:			
	(mm/dd/yyyy)		
4. The entity is (mark the applicable box):			
· · ·	hat was formed under article artnership for filing to the sec		by the delivery of a

OR

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a limited partnership that was formed under article 61, title 7, C.R.S. by the delivery of a certificate of limited partnership in the office of a county clerk and recorder.

## Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

5. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

 (Last)
 (First)
 (Middle)
 (Suffix)

 (Street name and number or Post Office Box information)
 (City)
 (State)
 (Postal/Zip Code)

(Province – if applicable)

(*Country – if not US*)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  $\square$  and include an attachment stating the name and address of such individuals.)

## **Disclaimer:**

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