

New Jersey Division of Revenue

Certificate of Withdrawal
Limited Liability Partnership

This form may be used to withdraw a registration of a Limited Liability Partnership on file with the Division of Revenue. Applicants must insure strict compliance with NJSA 42, and insure that all applicable filing requirements are met.

1. Name of Limited Liability Partnership:

2. Business Entity Number:

3. Date of formation:

4. State of Formation (Foreign entities only)

5. Effective date of withdrawal:

6. Reasons for withdrawing the LLP:

The undersigned represent(s) that this filing complies with State law as detailed in NJSA 42 and that they are authorized to sign this form on behalf of the Limited Liability Partnership.

Signature:

Date:

Name:

Instructions for Form L-209

**CERTIFICATE OF WITHDRAWAL
DOMESTIC AND FOREIGN LIMITED LIABILITY PARTNERSHIPS
(Title 42)**

STATUTORY FEE: **\$100**

The MANDATORY fields are:

Field # 1 -- Business Name

List the name as it appears on the records of the State Treasurer.

Field # 2 -- Business Entity Number

Provide the 10-digit business entity identification number issued by the State of New Jersey.

Field # 3 -- Date of Formation

List the date the LLP was formed.

Field # 4 -- State of Formation

List the state where the LLP was formed. Required for foreign entities only.

Field # 5 -- Effective Date Of Cancellation

Specify the effective date if it is other than the filing date. The effective date cannot be before the filing date nor can it be more than 30 days after the filing date. The filing date is the date the document is received for processing.

Field # 6 -- Reason For Filing

Specify the reason for filing the withdrawal.

ATTESTATIONS

Add a statement that indicates that the signers are authorized to sign on behalf of the LLP. Form L-109 provides the statement.

EXECUTION (DATE/SIGNATURE)

An authorized partner, or a majority of partners in interest, must sign. Also, list the date of execution (signature).

These documents should be filed in duplicate. Non-profits should file in triplicate.

All [annual report obligations](#) should be satisfied prior to submitting the dissolution paperwork.

Make checks payable to: TREASURER, STATE OF NEW JERSEY. (No cash, please)

Mail to: NJ Division of Revenue, PO Box 308, Trenton, NJ 08646