



# Amendment/Cancellation - Limited Liability Partnership

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

**Check the appropriate box below:**

- AMENDMENT  
(Complete only 1, 2, 3, 4, 7)
- CANCELLATION  
(Complete only 1, 2, 5, 6, 7)

REGISTRY NUMBER: \_\_\_\_\_

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) **NAME:** \_\_\_\_\_

2) **INITIAL REGISTRATION DATE OF APPLICATION:** \_\_\_\_\_

**AMENDMENT ONLY**

3) **AMENDMENT(S):** (State the text of the amendment(s).)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) **ADOPTION DATE:** (The amendment(s) was adopted on the following date. If more than one amendment was adopted, identify the date of adoption of each amendment.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CANCELLATION NOTICE ONLY**

- 5) **CANCELLATION NOTICE:**
- The registration of the partnership as a Limited Liability Partnership is being withdrawn.
- 6) **APPROVAL:**
- This cancellation has been approved by partnership vote.

7) **EXECUTION:** (At least one partner must sign)  
 I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title or Capacity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTACT NAME:** (To resolve questions with this filing.) \_\_\_\_\_

**PHONE NUMBER:** (Include area code.) \_\_\_\_\_

FEES	
Required Processing Fee	\$100
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."	
Free copies are available at <a href="http://sos.oregon.gov/business">sos.oregon.gov/business</a> , using the Business Name Search program.	