



**State of Missouri**  
John R. Ashcroft, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

**Notice of Withdrawal  
for a Limited Liability Partnership**

*(Submit with filing fee of \$25.00)*

Charter #: \_\_\_\_\_

1. The name of the partnership is \_\_\_\_\_
2. The date of registration of the partnership's last application is \_\_\_\_\_
3. Current street address of the partnership's principal office is \_\_\_\_\_
4. This Notice of Withdrawal has been executed by a majority of the partners or by one or more partners authorized by a majority of the partners.

By:

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_