

SERVICO, INC.
283 WASHINGTON AVENUE
ALBANY, NEW YORK 12206
518.463.4179 / 518.463.3752 : FAX

**WORKSHEET FOR PREPARATION/FILING OF NEW YORK
ARTICLES OF CANCELLATION- LLP**

Name of LLP _____

Date of REGISTRATION _____

Names and Addresses of ALL PARTNERS (INDICATE WHICH ONE IS THE
AUTHORIZING MEMBER: _____

REASON FOR CANCELLATION: _____

FORWARDING MAILING ADDRESS: _____

PREPARE AND FILE	\$ 135.00
DISBURSEMENT TO DEPT. OF STATE (Filing)	\$ 70.00
ADMINISTRATIVE HANDLING	\$ 5.00
TOTAL	<u>\$ 210.00</u>

(if expedited, add \$25.00 to the total)
(State filing times: expedite is 24-48 hours, routine is 3-15 business days)

Your Name: _____

Your Firm: _____

Billing/Mailing Address: _____

Your Phone #: _____ Your Fax #: _____

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) _____

Card # _____ Expires _____ IN THE AMOUNT OF ** _____

Print Name of Card Holder: _____

Print Complete Billing Address on Credit Card: _____

Signature of Card Holder: _____

** Please note: This fee is an estimate only. It is possible to incur additional disbursements in order to complete this order. If so the additional fees will be charged to this credit card.

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**WORKSHEET FOR PREPARATION/FILING OF NEW YORK
CERTIFICATE OF WITHDRAWAL- FOREIGN LLP**

NAME OF REGISTERED LIMITED LIABILITY COMPANY _____

Date of REGISTRATION with NY Dept. Of State: _____

The ADDRESS of the LLP's PRINCIPAL OFFICE: (used for possible future mailings by NY) _____

The LLP ACKNOWLEDGES the withdrawal document terminates its status as a registered LLP in the State of NY.

Name of Partner who acknowledges the above statement, and authorizes the withdrawal: _____

FEES:

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NO TAX CONSENT IS NECESSARY PRIOR TO FILING WITH THE SEC. OF STATE

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