

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

**WORKSHEET FOR PREPARATION/SURRENDER OF AUTHORITY OF
FOREIGN LIMITED PARTNERSHIP**

NAME OF THE LIMITED PARTNERSHIP: _____

THE JURISDICTION OF THE LIMITED PARTNERSHIP: _____

THE DATE THE LIMITED PARTNERSHIP WAS AUTHORIZED IN NY STATE: _____

MAILING ADDRESS FOR FUTURE MAILINGS AND PROCESS:

**NAME OF THE GENERAL PARTNER (S) WHO IS/ARE AUTHORIZING THE
DISSOLUTION:**

FEES:

OUR SERVICE FEE TO PREPARE AND FILE	\$ 125.00
DISBURSEMENT TO NYS	\$ 60.00
ADMINISTRATIVE HANDLING	\$ 5.00
TOTAL	\$190.00

*ADD \$25.00 to expedite the filing with the Secretary of State

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

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: _____

This is an estimate only. It is possible to incur additional disbursements in completing this order. All additional fees will be charged to this credit card. By signing here, you agree to the terms, conditions and verify that all information above is correct.