

**SERVICO INC.**  
283 Washington Avenue  
Albany, New York 12206  
PHONE: (518) 463-4179 FAX: (518) 463-3752

**WORKSHEET FOR CANCELLATION OF NY LIMITED PARTNERSHIP**

NAME OF LIMITED PARTNERSHIP: \_\_\_\_\_  
\_\_\_\_\_

DATE FILED WITH NY DEPT. OF STATE: \_\_\_\_\_

REASON FOR CANCELLATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) NAME OF GENERAL PARTNER(S) AUTHORIZING THE CANCELLATION:  
\_\_\_\_\_  
\_\_\_\_\_

PREPARE AND FILE	\$ 80.00
*DISBURSEMENT TO DEPT. OF STATE (Filing)	\$ 60.00
ADMINISTRATIVE HANDLING	\$ 5.00
TOTAL	<u>\$ 145.00</u>

\*ADD \$25.00 for expedited filing with the Secretary of State\*  
\* No Tax Consent necessary prior to filing with the Secretary 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 \_\_\_\_\_ THE AMOUNT OF \*\* \_\_\_\_\_

Print Name of Card Holder: \_\_\_\_\_

Print Complete Billing Address on Credit Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

**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:**

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

\*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 #: \_\_\_\_\_

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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.