

P.O. Box 871, ALBANY, NEW YORK, 12201 518-463-4179

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Worksheet for Preparation/Filing of NY Articles of Cancellation of LLP

Date:			
1.	Name of LLP:		
2.	Date of Registration: Mailing Address for Future mailings and process: Name and Address for each Partner: (attached an additional sheet if necessary) **Indicate which is the Authorizing Member**		
3.			
4.			
		Address	
	Name		-
	Address		
	Name	_	
	Address		_
	Fees to Prepare and File: Disbursement to Dept. of State (filing) Administrative Handling Total:	\$ 135.00 \$ 95.00 (rush) \$ 5.00 \$ 235.00	
Co	ontact Name:Email: _		
Fi	rm / Business Name:		
Phone #:Fax #:			
	illing/Mailing Address:ddress for delivery of Corporate Documents:		
	et this letter serve as my authorization to charge Amex/N		
	ard #:	_	
	THE AMOUNT OF:		
	rint Name of Card Holder:		
215	gnature of Card Holder:		

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