

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City State Zip Code <input type="checkbox"/> Return document by email to: _____	Voluntary Termination [Never Transacted Business] Domestic Limited Partnership DSCB:15-8681.1 (2/2017)  8681.1
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Fee: \$70

In compliance with the requirements of the applicable provisions 15 Pa.C.S. § 8681.1 (relating to voluntary termination by partners for a limited partnership that has never transacted business), the undersigned, desiring that the limited partnership should be terminated, hereby states that:

1. The name of the limited partnership is: _____

2. The current registered office address of the partnership as on file with the Department of State.
Complete part (a) **OR** (b) – not both:

(a) _____
Number and street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

3. The partnership has never transacted business or held assets other than money received as capital contributions.

4. The amounts, if any, actually paid in as contributions, less any part disbursed for necessary expenses, have been returned to those entitled to the return of the amounts.

5. A majority of the general partners elect that the limited partnership be terminated.

6. Check **one** of the following:

- All liabilities of the partnership have been discharged.
- Adequate provision has been made for the payment of the liabilities of the partnership.

IN TESTIMONY WHEREOF, at least a majority of the general partners of the above-named limited partnership has hereunto set their hands this _____ day of _____, _____.

Signature

Signature

Signature