


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

<input type="checkbox"/> Return document by mail to: _____ Name _____ Address _____ City State Zip Code	Certificate of Termination Limited Partnership DSCB:15-8682(e) (rev. 2/2017)  8682E
<input type="checkbox"/> Return document by email to: _____	

Fee: \$70

In compliance with the requirements of 15 Pa.C.S. § 8682(e) (relating to certificate of termination), the undersigned limited partnership, desiring to terminate, hereby states that:

1. The name of the limited partnership is: \_\_\_\_\_
2. The current registered office address 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. Check one of the following:
  - All debts, obligations and other liabilities of the limited partnership have been paid and discharged.
  - Adequate provision has been made for the payment and discharge of the debts, obligations and other liabilities of the limited partnership.
4. All the remaining property and assets of the limited partnership have been distributed among its partners in accordance with their respective rights and interests.
5. Check one of the following:
  - There are no actions pending against the limited partnership in any court.
  - Adequate provision has been made for the satisfaction of any judgment that may be entered against the limited partnership in any pending action.
6. The limited partnership is terminated.

IN TESTIMONY WHEREOF, the undersigned limited partnership has caused this Certificate of Termination to be signed by a duly authorized representative thereof this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Limited Partnership

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title