



**Partnership Act  
Notice of Dissolution  
Limited Liability Partnership  
Form 2**

**Commercial Registrations Division**

Please print clearly or type

<b>1</b>	<b>Name of Limited Liability Partnership (before any changes)</b>	<b>2</b>	<b>LLP Number</b>
<b>3</b>	<b>Name and Address to which Certificate of Cancellation should be forwarded (include postal code)</b>		
<b>4</b>	<b>Effective date of dissolution</b>		
<b>5</b>	<b>The signature of a partner is required</b>		
<b>Date</b>	<b>Signature of Partner</b>	<b>Position Held</b>	
<b>Please Print Partners Name</b>		<b>Telephone Number</b>	

Registry of Limited Liability Partnerships  
Commercial Registrations Division,  
Digital Government and Service NL  
P.O. Box 8700, 59 Elizabeth Avenue  
St. John's NL A1B 4J6 Telephone (709)729-3316

## **INSTRUCTIONS**

### **Item 1**

**State the full legal name of the Limited Liability Partnership.**

### **Item 2**

**State the Newfoundland & Labrador registration number of the Limited Liability Partnership.**

### **Item 3**

**Please state the name and address to which the certificate of cancellation should be forwarded (include postal code).**

### **Item 4**

**State the effective date the Limited Liability Partnership has been dissolved.**

### **Item 5**

**The partner must state their name and affix their signature.**

## **PLEASE NOTE**

**There is no fee required to file this form. Upon registration of this notice of dissolution, the Registrar will issue a certificate of cancellation.**