



State of Hawaii
Department of Commerce and Consumer Affairs
Business Registration Division
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BusinessRegistrations.com

Nonrefundable Filing Fee: \$10.00

Personal or business checks are
not accepted for this filing.

STATEMENT OF TERMINATION OF LIMITED PARTNERSHIP

(Section 425E-203, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. Attachments to this form may be used, if necessary.

The undersigned, duly authorized officers of the Hawaii corporation submitting these Articles of Dissolution, certify as follows:

1.	The name of the partnership is: <div></div>
2.	The partnership is a (select one): <input type="checkbox"/> Domestic Limited Partnership <input type="checkbox"/> Domestic Limited Liability Limited Partnership
3.	The Certificate of Limited Partnership was filed on: <div></div> . (MM/DD/YYYY)
4.	Cancellation is effective on the date of filing of this Statement of Termination or on a later date and time, not more than 30 days after the filing, if so stated. The effective date cannot be before the date of filing. The cancellation is (select one): <input type="checkbox"/> Effective as of the date and time of the filing of its Statement of Termination. <input type="checkbox"/> Effective on <div>Date (MM/DD/YYYY)</div> , at <div>Time (HH:MM)</div> <div>a.m./p.m.</div> , Hawaiian Standard Time, which is no later than 30 days after the filing of the Articles of Dissolution.

Continued on next page.

I, the undersigned, certify under the penalties of Section 414-20, Hawaii Revised Statutes, that I have read the above statements, that I am authorized to make this change, and that the statements are true and correct to the best of my knowledge and belief.

Signed this day of ,

Type/Print Entity Partner Name

OR

Type/Print Individual Partner's First Name

Last Name

Type/Print name and office title, capacity in which person signs.

Signature

The statement must be signed and certified by at least one general partner. See instructions on next page.

INSTRUCTIONS FOR PREPARING AND FILING A STATEMENT OF TERMINATION OF LIMITED PARTNERSHIP

Section [414-383](#), Hawaii Revised Statutes (HRS)

Statement must be typewritten or printed in **black ink** and must be **legible**. Attachments may be used, if necessary, and must be typed or printed in **black ink** on 8.5" x 11" white bond paper, single-sided. The statement must be signed and certified by at least one general partner of the partnership accordingly, as follows: if the partner is another **partnership**, by a general partner on behalf of the other partnership; for a **corporation**, by a corporate officer on behalf of the corporation; and for a **limited liability company**, by a manager of a manager-managed company or by a member of a member-managed company. All signatures must be in **black ink**. Submit statement together with the appropriate fee(s).

- Item 1. State the full name of the partnership.
- Item 2. Indicate whether the partnership is a Domestic Limited Partnership or a Domestic Limited Liability Limited Partnership.
- Item 3. State the date (MM/DD/YYYY) the Certificate of Limited Partnership was filed with the Department of Commerce and Consumer Affairs.
- Item 4. The cancellation is effective as of the date and time of the filing of the Statement of Termination, or at a subsequent date and time, no more than 30 days after the filing, if so stated. Indicate whether the cancellation is effective as of the date and time of the filing of the Statement of Termination, or if the dissolution is effective at a subsequent date and time. If the cancellation is effective at a subsequent date and time, state the date (MM/DD/YYYY) and time (HH:MM, a.m. or p.m.). The date cannot be prior to the filing of this Statement of Termination and cannot be more than thirty (30) days after the filing of this Statement of Termination. If a delayed effective date is stated with no time is specified, the record is effective at the close of business on that date. The date and time shall be in Hawaiian Standard Time (HST).

Filing Fees: The fee for filing a Statement of Termination of Limited Partnership is **\$10.00** and is not refundable.

Personal or business checks are not accepted for this filing. Payment made by Cash, Certified/Cashier's Check, Bank/Postal Money Order, or Credit Card (VISA, MasterCard, Discover, Diners Club, or JCB) are accepted. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.

For any questions, call (808) 586-2727 or email breg@dcca.hawaii.gov.

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE BUSINESS REGISTRATION DIVISION SECRETARY AT (808) 586-2744 TO SUBMIT YOUR REQUEST.

ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION [92F-11](#), HRS)