### Instructions to Form UPA-137 – Statement of Cancellation of a Statement of Registration of a

### Virginia Registered Limited Liability Partnership

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| **Filing Requirements** |
| This statement may not be filed with the Commission by a registered limited liability partnership until all required annual continuation reports have been filed with the Commission. See § 50-73.134 G of the Code of Virginia |
| **Required Fees** | **Filing Fee: $25.00** |
| **File Online Today** | **Paper Filing** |
| Visit <https://cis.scc.virginia.gov> to file the statement of cancellation of registration of a Virginia registered limited liability partnership in real time.**Questions?**Visit the CIS help page at <https://scc.virginia.gov/pages/CIS-Help> for how-to guides, answers to frequently asked questions, and helpful videos. | Download from <https://scc.virginia.gov/pages/Virginia-Registered-Limited-Liability-Partnerships> complete, print, and mail or deliver to below address:**State Corporation Commission** **Courier Delivery Address**Clerk’s Office 1300 E. Main St, 1st floorP.O. Box 1197 Richmond, VA 23219Richmond, VA 23218-1197 |
| Pay online with a credit card or eCheck. No additional processing fees apply for filing online. | Include a check payable to State Corporation Commission. **DO NOT SEND CASH**.  |

The filing of a statement of cancellation of a registered limited liability partnership by or on behalf of a partnership pursuant to § 50-73.137 of the Code of Virginia shall be effective only to cancel the partnership’s registration as a registered limited liability partnership, and shall not, unless it is specifically so provides, indicate the dissolution of the partnership.

The person who files this statement must promptly send a copy of the statement to every nonfiling partner and to any other person named as a partner in the statement. See § 50-73.83 E of the Code of Virginia.

Each person signing this statement must set forth his or her printed name next to or beneath his or her signature. A person signing on behalf of a partner that is a business entity should set forth the business entity’s name, his or her printed name, and the capacity in which he or she is signing on behalf of the business entity. Any person may execute a statement by an attorney-in-fact. See § 50-73.83 C of the Code of Virginia.

***It is a Class 1 misdemeanor for any person to sign a document he or she knows is false in any material respect with the intent that the document be delivered to the Commission for filing. See § 50-73.83 C of the Code of Virginia.***

**NOTE**

A statement of cancellation (or judicial decree of cancellation) is effective when accepted for filing by the Commission, unless otherwise provided in the Virginia Uniform Partnership Act or in the statement. If a delayed effective date is desired, set forth the date in paragraph 3. A delayed effective date must be a date certain on or after the date the statement of cancellation is filed. See § 50-73.137 of the Code of Virginia.

**Important Information**

The statement must be in the English language, typewritten or legibly printed in black, using the following guidelines:

|  |  |
| --- | --- |
| * use solid white paper
* size 8 1/2" x 11"
 | * one-sided
* no visible watermarks or background logos
 |

**Do not include personally identifiable information**, such as a Social Security number, in a business entity document submitted to the Office of the Clerk for filing with the Commission. Information in these documents is available to the public. For more information, see Notice Regarding Personally Identifiable Information at [www.scc.virginia.gov/clk](http://www.scc.virginia.gov/clk).

Form **UPA-137** (rev 08/20)

The undersigned, on behalf of the registered limited liability limited partnership set forth below, pursuant to Title 50, Chapter 2.2, Article 9.1 of the Code of Virginia, states as follows:

1. The name of the registered limited liability partnership is

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. The initial statement of registration was filed in Virginia on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (month, day, year)

3. Additional information (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Cancellation of the partnership's registration as a registered limited liability partnership is with the consent of all partners in the partnership at the time this statement is filed.

Signatures of at least two partners of a partnership or one or more authorized general partners of a limited partnership:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 (signature) (printed name) (title) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 (signature) (printed name) (title) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (registered limited liability partnership’s SCC ID no.) (telephone number (optional))

|  |  |  |
| --- | --- | --- |
| SCC_mp - seal - no bgrd**Form** **UPA-137**(Rev. 08/20) State Corporation Commission  | **Statement of Cancellation of a Statement of Registration of a Virginia Registered Limited Liability Partnership** |  |

**Provide a name and mailing address for sending correspondence regarding the filing of this document. (If left blank, correspondence will be sent to the registered agent at the registered office.)**

 **(name)**

 **(mailing address)**

**Provide a name and mailing address for sending correspondence regarding the filing of this document. (If left blank, correspondence will be sent to the registered agent at the registered office.)**

 **(name)**

 **(mailing address)**

**Provide a name and mailing address for sending correspondence regarding the filing of this document. (If left blank, correspondence will be sent to the registered agent at the registered office.)**

 **(name)**

 **(mailing address)**

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 **(name)**

 **(mailing address)**