



WASHINGTON
Secretary of State
Corporations & Charities Division

Corporations & Charities Division
Physical/Overnight address:
801 Capitol Way S
Olympia, WA 98501-1226
Mailing address:
PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
www.sos.wa.gov/corporations

INSTRUCTIONS: VOLUNTARY WITHDRAWAL OF LIMITED LIABILITY PARTNERSHIP RCW 25.05

Purpose: Voluntary Withdrawal is used to voluntarily dissolve the business entity. After this submission is filed the business entity is no longer eligible for reinstatement.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website www.sos.wa.gov/corporations a fillable .pdf version of this form is available or you can file online at <https://ccfs.sos.wa.gov>

Mail: Send the completed form and payment to the address listed above.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: There is no filing fee for the Voluntary Withdrawal.

Expedited Service: If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

(1) Unified Business Identifier (UBI): Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

(2) Current Name of Business Entity: Provide the name as recorded with the Office of the Secretary of State of Washington. The Name and UBI Number of the business **must** match our records to be accepted.

(3) Effective Date: Select the date this filing is to be effective. If "Date of Filing" is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

(4) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent's address.

(5) Authorized Person: Sign, print, provide the signer's title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



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Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

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Tel: 360.725.0377 | **Website:** www.sos.wa.gov/corporations-charities

THIS BOX FOR OFFICE USE ONLY

☐ **No Filing Fee**

☐ **To Expedite Filing, Add \$100**

VOLUNTARY WITHDRAWAL

Limited Liability Partnership

[RCW 25.05.500](#)

All fields REQUIRED unless otherwise specified

(1) UBI No.: _____

(2) CURRENT BUSINESS ENTITY NAME: (as currently recorded with the Office of the Secretary of State) _____

(3) EFFECTIVE DATE OF THIS FILING: Check ONE of the following

☐ Date of filing (default) this is the date that the submission is completed by our office

☐ Specify a Date _____ (cannot be more than 90 days following received date)

(4) RETURN ADDRESS FOR THIS FILING:

Attention to: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

(5) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person

Printed Name/Title

Date