Business ID:_____

STATEMENT OF DISSOCIATION of a Partner of a Limited Liability Partnership (LLP) registered to do business in the State of Vermont.

PRINT

RESET

Processed by: _____
FOR OFFICE USE ONLY

PLEASE RETURN EVIDENCE OF FILING TO: (Name and Address)

_____

_____

_____

_____

PLEASE REVIEW INSTRUCTIONS ON REVERSE BEFORE BEGINNING.

.

1. **BUSINESS NAME OF PARTNERSHIP:** *REQUIRED* _____

2. **NAME OF DISSOCIATING PARTNER:** *REQUIRED* _____

3. **CERTIFICATION OF NOTICE:** *REQUIRED-SELECT ONE (1) OF THE FOLLOWING.*

I/We herby certify that written notice of this dissociation has been mailed or delivered to the registered agent and all partners whose name do not appear below.

4. **EFFECTIVE DATE OF DISSOCIATION REQUESTED:** *REQUIRED*_____

MAY NOT BE LESS THAN 90 DAYS FOLLOWING NOTIFICATION PROVIDED IN LINE 3

5. **EXECUTION OF STATEMENT** *REQUIRED-SELECT AND FILL IN ONE (1) OF THE FOLLOWING:*

This statement of dissociation is being executed by:

☐ THE DISSOCIATING PARTNER: *PRINTED NAME*_____

☐ TWO (2) REMAINING PARTNERS:

a. Remaining Partner 1: *PRINTED NAME*_____

b. Remaining Partner 2: *PRINTED NAME*_____

CERTIFICATION OF STATEMENT *REQUIRED*

I/we hereby certify, under penalty of law (11 V.S.A. § 3205), that I/we are authorized to file this document in accordance with (11 V.S.A. 3205); that the above information is true and accurate; and that this document is provided in duplicate with self-addressed stamped envelope with a check or money order payable to "VT SOS" for $20.00.

_____ _____

Signature of Dissociating Partner or Remaining Partner 1 Date

_____ _____

Signature of Remaining Partner 2 Date

PLEASE REVIEW INSTRUCTIONS ON REVERSE BEFORE FILING.

STATEMENT OF DISSOCIATION of a Partner of a Limited Liability Partnership (LLP) registered to do business in the State of Vermont

Submission Instructions

A. Required Documents: Must be filed in **duplicate** (one original and one copy of this application), with **a check or money order for $20** made payable to "VT SOS," and a **self-addressed stamped envelope**.

a. Payments cannot be accepted by phone, fax, or email.

b. Credit cards cannot be accepted for this form (if you wish to pay by credit card, you must file online at www.vtsosonline.com).

c. Cash should not be sent by Mail.

B. This form can only be accepted by mail or in person at:

Vermont Secretary of State
Corporations Division
128 State Street
Montpelier, VT 05633-1104

Note: This form cannot be accepted by phone, fax, website, or email.

C. Returned Evidence of Filing: Once processed, this application will be returned with the following documentation:

a. If approved: The approved Statement of Dissociation.

b. If rejected: - the check/money order for the filing fee
- a checklist detailing the reasons for the rejections

D. Processing Time: Processing my take up to 5-7 business days (based on seasonal filing volume) from the day the form is received in our office.

Form Instructions

Line 1. The entity name, as currently on file with the Vermont Secretary of State.

Line 2. The name of the dissociating individual.

Line 3. Written notice of dissociation must be provided to all partners not listed on this form.

Line 4. **T**he effective date is not less than 90 days following notification date provided in line 3.

Line 5. **a.** The dissociating individual, or the entity, may file a statement of dissociation. (11 VSA § 3081).

b. If this statement is not filed by the dissociating individual: a person dissociated as a partner is deemed to have notice of the dissociation 90 days after the statement of dissociation is filed. (11 V.S.A. § 3264(c)).

For Questions, Contact Corporations Division at:
(802) 828-2386 or corps@sec.state.vt.us