

GS

**KANSAS SECRETARY OF STATE
Statement of Dissociation
Limited Liability Partnership
General Partnership**

**INSTRUCTIONS FOR FILING
STATEMENT OF DISSOCIATION**

**SUBMIT THE DOCUMENTS
WITHOUT THIS PAGE**

Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online.

How to complete the Statement of Dissociation for a limited liability partnership or general partnership:

Each of the numbered instructions below corresponds to a section on the form.

1. List the business's ID number issued by the Kansas Secretary of State (This is not a tax ID number). If the business is a general partnership that hasn't registered with the Kansas Secretary of State's Office, leave this section blank. ID numbers may be found by clicking on our website at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.
2. Provide the complete legal business name, including words of formation (e.g., LLP, Limited Liability Partnership, etc.)
3. Indicate the partner that is dissociated within the partnership.
4. Either 4a must be signed by the partner named in section 3 or 4b must be signed by two of the partners in the partnership.

Fee Schedule

Statement of Dissociation

The filing fee for the Statement of Dissociation is as follows:

LLP paper filing:..... \$35
General partnership paper filing: \$35

Mail to:

Kansas Secretary of State
Docking State Office Building
915 SW Harrison Street
Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Make checks payable to the Kansas Secretary of State. Once processing the Statement of Dissociation is completed, a certified copy of the Statement of Dissociation will be mailed to the address of the sender.

CREDIT/DEBIT CARD COVER PAGE

ONLY INCLUDE **ONE** CREDIT/DEBIT CARD COVER PAGE
WHEN SUBMITTING MULTIPLE DOCUMENTS.

THE CREDIT/DEBIT CARD CAN BE CHARGED FOR ALL FEES DUE.

Note: The credit/debit card information will be destroyed upon the filing of the document.

Contact Information

Contact Person

Direct Phone Number for Contact Person

Payment Information

Name on Card

Credit/Debit Card Number

Expiration Date (MM/YY)

CVV (3 or 4 digit security code on back of card)

Billing Zip Code

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Docking State Office Building
915 SW Harrison Street
Topeka, KS 66612

(785) 296-4564
kssos@ks.gov
<https://sos.ks.gov>

1. Business ID/file number:

Kansas Secretary of State
issued file number.

2. Name of business:

Must match name on record with
the Kansas Secretary of State.

**3. Name of dissociated
partner:**

I/We declare the above-named partner to be dissociated from the partnership.

4a. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

Signature of Dissociating Partner

X

OR (Either the dissociating partner must sign above or two other partners must sign below.)

4b. We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

Signature of Partner

X

Signature of Partner

X