



# Amendment/Withdrawal - Foreign Limited Liability Partnership

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

**Check the appropriate box below:**

- AMENDMENT**  
(Complete only 1, 2, 6)
- WITHDRAWAL**  
(Complete only 1, 3, 4, 5, 6)

**REGISTRY NUMBER:** \_\_\_\_\_

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) **NAME:** \_\_\_\_\_

**INITIAL REGISTRATION DATE OF APPLICATION:** \_\_\_\_\_

**AMENDMENT ONLY**

2) **AMENDMENT:** (The amendment is as follows. Only the partnership name and principal place of business can be amended.)

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**WITHDRAWAL NOTICE ONLY**

3) **STATE OR COUNTRY OF ORIGIN:**

\_\_\_\_\_

4) **MAILING ADDRESS:** (Address to which the person initiating any proceeding may mail to this partnership a copy of any process served on the Secretary of State.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) **NOTIFICATION:**

- The Limited Liability Partnership will notify the Corporation Division, Business Registry of any change in this mailing address for a period of five years from the date of this withdrawal.

6) **EXECUTION:** (At least one partner must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature:

Printed Name:

\_\_\_\_\_

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**CONTACT NAME:** (To resolve questions with this filing.)

**PHONE NUMBER:** (Include area code.)

FEES	
Required Processing Fee	\$275
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."	
Free copies are available at <a href="http://sos.oregon.gov/business">sos.oregon.gov/business</a> , using the Business Name Search program.	