



FORM **624** Mandatory

**Foreign Withdrawal
Limited Liability Partnership**

Sec. 178.1008 & 178.1011 Wis. Stats.

1. Name of the partnership:

2. (a) The Partnership is not doing business in Wisconsin, has dissolved, merged or converted and withdraws its registration to do business in Wisconsin.

The Partnership revokes the authority of its registered agent to accept service on its behalf and it consents to service of process under sec. 178.1011(2), Wis. Stats. in any civil, criminal, administrative, or investigatory proceeding based on a cause of action arising during the time the partnership was registered to do business in Wisconsin.

(b) (if applicable per sec. 178.1008(b)) Partnership has converted to, or merged into, a domestic or foreign entity whose formation does not require the delivery of a record to the department for filing. If merged/converted, state name, jurisdiction and type of entity merged or converted into:

(name) _____ (state or country) _____ (entity type) _____

3. Jurisdiction under whose laws this partnership is/was formed: _____
(state or country)

Street and mailing addresses of its principal office (and, if different, the street address of a required office in its home state or country, if any):

The Partnership commits to notify the department in the future of any change of the principal office address show above.

4. This document is to be signed by a person(s) authorized by the partnership:

Execution date: _____

(Authorized person's signature)

(Authorized person's signature)

(Typed or printed name and title)

(Typed or printed name and title)

5. This document was drafted by _____
(Name the individual who drafted the document)

Office Use Only

FOREIGN LIMITED LIABILITY PARTNERSHIP WITHDRAWAL

▲ Please provide an email or postal mailing address for the filed copy of the document.

Your **phone number** during the day: _____

INSTRUCTIONS (Ref. sec. 178.1011 and 178.1008(b), Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, (fees not yet set by rule), payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit www.wdfi.org/contact_us/ for current physical address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

1. The name of the partnership.
2. Required statement. If converted or merged, please complete the required information in section (b).
3. Indicate the state or country under whose jurisdiction this partnership is formed, and provide the street and mailing addresses of the limited liability partnership's principal office, or, if different, the street address of a required office in its home state or country, if any, per sec. 178.1004(3), Wis. Stats. The partnership also commits to notify the department of any change to this address.
4. The document is to be executed by one or more persons authorized by the partnership.
5. If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the individual who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.