



FORM **305**

**STATEMENT OF DENIAL, DISSOCIATION,
 OR NEGATION
 LIMITED PARTNERSHIP**

Sec. [179.04025](#), [179.0605](#), or [179.0306](#), Wis. Stats.

1. Name of the entity:
2. Name of the person who is making the Statement of Denial, Statement of Dissociation, or Statement of Negation below:

3. Effect of the filing:

Statement of Denial. The partnership previously filed a statement of partnership authority with the Department, which took effect on _____ . The
(effective date of applicable statement of partnership authority)

above-named person denies any grant of authority stated therein.

OR

Statement of Dissociation. The above-named person has dissociated as a general partner from the partnership.

OR

Statement of Negation. The above-named person withdraws from future participation as an owner in the enterprise.

4. This document must be signed by the above-named person:

 Signature

 Date

 Printed Name

 Title

(Optional) This document has a **delayed** effective date/time of: _____
(up to 90 days after received date)

Contact Information:

Name

Mailing Address

City	State	Zip Code
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Email Address	Phone Number
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INSTRUCTIONS (Refer to secs. [179.04025](#), [179.0605](#), or [179.0306](#), 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, together with a check for the filing fee, payable to the Department of Financial Institutions. (If sent by express or priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705.) If requesting optional expedited service, please check the expedited service box in the upper-right corner of the first page and include an additional \$25.00. Filing fees are non-refundable. This document can be made available in alternate formats upon request to qualifying individuals with disabilities. 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) or by email at DFICorporations@dfi.wisconsin.gov.

Filing Fee. The filing fee for a Statement of Denial or Negation is \$10.00. There is no fee for filing a Statement of Dissociation.

Item 1. Provide the name of the limited partnership.

Item 2. Provide the name of the person who is denying a grant of authority provided in a previously filed statement of authority, dissociating as a partner, or negating an ownership interest in the enterprise.

Item 3. Check the appropriate box to identify the effect of this statement. You may only select one checkbox. If denying the grant of authority, identify the effective date of the statement of partnership authority that is being affected. If the previously filed statement of partnership authority did not specify a delayed effective date, the effective date was the date it was accepted for filing by the Department.

Item 4. The document must be executed by the person identified in Item 2.

Optional delayed effective date/time. This document may declare a delayed effective date and time. The effective date/time may not be before, or more than 90 days after, the document is received by the Department of Financial Institutions for filing. If no effective date/time is specified, the document will take effect at the close of business on the date it is received for filing by the Department.