



FORM **310** **STATEMENT OF DISSOLUTION OR TERMINATION  
LIMITED PARTNERSHIP**

Sec. [179.0802\(2\)\(b\)](#), Wis. Stats.

1. Name of the entity:

2. As of the effective date of this filing, the entity named above is:

Dissolved

OR

Terminated

3. This document must be signed by all general partners listed in the certificate of limited partnership or, if the certificate of a dissolved limited partnership lists no general partners, by the person appointed pursuant to s. 179.0802(3) or (4), Wis. Stats., to wind up the dissolved limited partnership's activities and affairs (*attach additional pages if needed*):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

This document was drafted by \_\_\_\_\_  
(Name the individual who drafted the document)

(Optional) This document has a **delayed** effective date/time of: \_\_\_\_\_

**Contact Information:**

Name		
Mailing Address		
City	State	Zip Code
Email Address		Phone Number

**INSTRUCTIONS** (Refer to section [179.0802\(2\)\(b\)](#), 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, together with a check for the \$10.00 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 \$100.00. 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](mailto:DFICorporations@dfi.wisconsin.gov).

**Item 1.** State the name of the entity being dissolved or terminated.

**Item 2.** Select whether the entity is being dissolved or terminated. For a list of the events causing dissolution and other legal provisions relating to the dissolution and winding up of limited partnerships, review [subchapter VIII](#) (entitled “Dissolution and Winding Up”) of chapter 179 of the Wisconsin Statutes.

**Item 3.** The document must be executed by all general partners listed in the certificate of limited partnership. If the certificate lists no general partners, then the document must be signed by the person appointed pursuant to s. 179.0802(3) or (4), Wis. Stats., to wind up the limited partnership's activities and affairs.

**Drafter name.** If the document is executed in Wisconsin, section 182.01(3) of the Wisconsin Statutes requires that it include the name of the drafter. If the document is not executed in Wisconsin, so indicate in the space provided for the drafter’s name.

**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.