



FORM **611**

**STATEMENT OF DISSOLUTION OR TERMINATION  
GENERAL OR LIMITED LIABILITY PARTNERSHIP**

Sec. [178.0802\(2\)\(b\)\(1\) & \(6\)](#), 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 a person authorized by the partnership. If the record is being filed on behalf of a dissolved partnership that has no partner, it must be signed by the person winding up the partnership's business under s. 178.0802(4), Wis. Stats., or by a person appointed under s. 178.0802(5) to wind up the business:

\_\_\_\_\_  
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:**

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Name

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Mailing Address

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City	State	Zip Code
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Email Address	Phone Number
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**INSTRUCTIONS** (Refer to section [178.0802\(2\)\(b\)\(1\) & \(6\)](#), 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 \$40.00 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 \$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](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 general partnerships and limited liability partnerships, review [subchapter VIII](#) (entitled “Dissolution and Winding Up”) of chapter 178 of the Wisconsin Statutes.

**Item 3:** The document must be executed by one or more persons authorized by the partnership. If the record is being filed on behalf of a dissolved partnership that has no partner, it must be signed by the person winding up the partnership’s business under s. 178.0802(4), Wis. Stats., or by a person appointed under s. 178.0802(5) to wind up the business.

**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.