

# Instructions: Form SS-9419

## Statement of Withdrawn or Rescinded Dissolution of Limited Partnership



Business Services Division  
**Tre Hargett, Secretary of State**  
State of Tennessee

### Submission Options

A Statement of Withdrawn or Rescinded Dissolution of Limited Partnership may be filed using one of the following methods:

**Paper submission:** A blank Statement of Withdrawn or Rescinded Dissolution of Limited Partnership form may be obtained by going to [sos.tn.gov](https://sos.tn.gov) and entering SS-9419 in the search bar; by emailing the Secretary of State at [TNSOS.CORPINFO@tn.gov](mailto:TNSOS.CORPINFO@tn.gov), or by calling 615-741-2286. The Statement of Withdrawn or Rescinded Dissolution of Limited Partnership should be typed or hand printed in dark blue or black ink.

**Walk-in:** A blank Statement of Withdrawn or Rescinded Dissolution of Limited Partnership may be obtained in person at the address listed below.

If submitting by mail, send the completed form and filing fee together in the same envelope. Mail to:

Tennessee Secretary of State  
ATTN: Corporate Filing  
312 Rosa L. Parks Ave FL 6  
Nashville TN 37243

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot provide legal advice.

### Completing the Form

Pursuant to T.C.A. § 61-3-803 of the Tennessee Uniform Limited Partnership Act of 2017, enter the following information:

- 1. Control Number:** Enter the control number assigned to the Limited Partnership. To find entity information, including the Secretary of State control number, visit:  
<https://tnbear.tn.gov/ECommerce/FilingSearch.aspx>.

2. **Limited Partnership Name:** Enter the exact legal name of the Limited Partnership. To find entity information, including the exact legal name, visit:  
<https://tnbear.tn.gov/ECommerce/FilingSearch.aspx>.
3. **The Limited Partnership has:** Select either the dissolution has been withdrawn (it never took effect), or the dissolution has been rescinded (also record the date the dissolution took effect).
4. **The withdrawal or rescinding of dissolution was approved by the affirmative vote or consent of each partner on \_\_\_\_\_(date: month/day/year).** Enter the date the partners agreed to withdraw or rescind the dissolution.

### Signature

The Statement of Withdrawn or Rescinded Dissolution of Limited Partnership must be signed and dated by at least one general partner listed in the Certificate of Limited Partnership. Type or print the signature name and title of each signer. Failure to do so will result in the form being rejected.

### Filing Fee

The filing fee is \$20.00 per Statement of Withdrawn or Rescinded Dissolution of Limited Partnership.

Make check, cashier's check or money order payable to the Tennessee Secretary of State. Cash is only accepted for walk-in filings. Forms submitted without the proper filing fee, or made payable to an entity other than the Tennessee Secretary of State will be rejected.

**STATEMENT OF WITHDRAWN OR RESCINDED  
DISSOLUTION OF LIMITED PARTNERSHIP**

SS-9419



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
ATTN: Corporate Filing  
312 Rosa L. Parks Ave, 6th FL  
Nashville, TN 37243-1102  
(615) 741-2286  
  
Filing Fee: \$20.00

*For Office Use Only*

Pursuant to the provisions of T.C.A. § 61-3-803 of the Tennessee Uniform Limited Partnership Act of 2017, the undersigned Limited Partnership submits the following Statement of Withdrawn or Rescinded Dissolution:

1. Control Number: \_\_\_\_\_
2. Limited Partnership Name: \_\_\_\_\_
3. The Limited Partnership has:  
 withdrawn its dissolution (dissolution never took effect)  
 rescinded its dissolution (dissolution was effective on: \_\_\_\_\_)  
(date: mm/dd/yy)
4. The withdrawal or rescinding of dissolution was approved by the affirmative vote or consent of each partner on \_\_\_\_\_ (date: mm/dd/yy)

The statement must be signed by at least one general partner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Signer's Capacity

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Signer's Capacity

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

\_\_\_\_\_  
Date

Submitter Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_