

Instructions: Form SS-9428

Statement of Termination Following Administrative Dissolution Limited Partnership - Domestic



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

Submission Options

A Statement of Termination Following Administrative Dissolution of a Limited Partnership (Domestic) may be filed using one of the following methods:

Paper submission: A blank Statement of Termination Following Administrative Dissolution of a Limited Partnership (Domestic) may be obtained by going to sos.tn.gov and entering SS-9428 in the search bar; by emailing the Secretary of State at TNSOS.CORPINFO@tn.gov, or by calling (615) 741-2286. The Statement of Termination Following Administrative Dissolution of a Limited Partnership (Domestic) should be typed or hand printed in dark blue or black ink.

Walk-in: A blank Statement of Termination Following Administrative Dissolution of a Limited Partnership (Domestic) may be obtained in person at the Secretary of State's Office 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 give legal advice.

Completing the Form

Statement of Termination Following Administrative Dissolution of a Limited Partnership (Domestic) provisions are set forth in the Tennessee Uniform Limited Partnership Act, T.C.A. Title 61, Chapter 3, Part 8.

- 1. The Secretary of State Control Number is:** 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. The name of the business entity at the time of dissolution is:** Enter the exact legal name of the Limited Partnership as it was listed on the date of dissolution on the records of the Tennessee Secretary of State. To find entity information, including the exact legal name, visit: <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx>.

NOTE: Prior to this document being accepted for filing, the Business Services Division will request tax clearance verification for termination from the Tennessee Department of Revenue. If we cannot obtain such tax clearance verification from the Department of Revenue, this document will be rejected and returned to the applicant. To obtain the Tax Clearance for Termination, contact the Tennessee Department of Revenue at 615-253-0700.

- 3. The Limited Partnership is terminated:** The Limited Partnership will be terminated upon the Statement of Termination Following Administrative Dissolution of a Limited Partnership (Domestic) being filed by the Division of Business Services.

Signature

The Statement of Termination Following Administrative Dissolution of a Limited Partnership (Domestic) must be signed by a partner of the Limited Partnership. The partner executing the document must sign and date the form in the appropriate spaces. Type or print the signature name and title of the signer.

Filing Fee

The filing fee is \$100.00.

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 TERMINATION FOLLOWING ADMINISTRATIVE
DISSOLUTION (LIMITED PARTNERSHIP)**

SS-9428



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: \$100.00

For Office Use Only

Pursuant to the provisions of T.C.A. Title 61, Chapter 3, Part 8 of the Tennessee Uniform Limited Partnership Act, the undersigned Limited Partnership submits the following statement of termination following administrative dissolution:

1. The Secretary of State Control Number is: _____

2. The name of the business entity at the time of dissolution is: _____

3. The Limited Partnership is terminated.

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Signature

Title/Signer's Capacity

Printed Name

Date

Submitter Name: _____ Phone #: (_____) _____ - _____