

Nonrefundable Filing Fee: \$10.00

No personal or business checks accepted.

Payment of the filing fee should be **ONLY** in the form of **CASH, CERTIFIED/CASHIER'S CHECK, BANK/POSTAL MONEY ORDER OR CREDIT CARD (VISA OR MasterCard).**

Make check or money order payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.



GENERAL PARTNERSHIP DISSOLUTION STATEMENT

(Section 425-9, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

1. The name of the domestic general partnership is:

2. The partnership was dissolved on:

(Month Day Year)

3. The partnership was dissolved by (check one):

mutual consent; disagreement among partners; death of a partner; or

other (please explain)

I/we certify, under the penalties set forth in Section 425-13, Hawaii Revised Statutes, that I/we have read the above statements, I/we are authorized to make this change, that the statements are true and correct, and that the dissolution was approved by all of the partners.

Signed this _____ day of _____, _____

(Type/Print Name of General Partner)

(Signature of General Partner)

(Type/Print Name of General Partner)

(Signature of General Partner)

SEE INSTRUCTIONS ON REVERSE SIDE. The statement must be signed and certified by at least one general partner.

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit original statement together with the appropriate fee.

This statement must be signed and certified by **at least one** general partner. If partner is a **corporation**, a corporate officer must sign on behalf of the corporation. If partner is another **partnership**, a general partner must sign on behalf of the other partnership. If partner is a **LLC**, must be signed by at least one manager of a manager-managed company or by at least one member of a member-managed company. If partner is a **LLP**, must be signed by at least one partner.

Statement must be filed in the Department of Commerce and Consumer Affairs, together with the required filing fee, within thirty (30) days **after** the partnership has dissolved. Failure to file a dissolution statement within the prescribed time will make each partner liable severally to the State in the amount of \$25.00 for each and every month while the default shall continue.

Line 1. State the full name of the domestic partnership.

Line 2. State the date (month, day, and year) the partnership was dissolved.

Line 3. State how the partnership was dissolved.

Filing Fees: Filing fee (\$10.00) is not refundable. No personal or business checks accepted. Payment of the filing fee should be **ONLY** in the form of **CASH, CERTIFIED/CASHIER'S CHECK, BANK/POSTAL MONEY ORDER OR CREDIT CARD (Visa or MasterCard)**. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

For any questions call (808)586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai and Molokai 1-800-468-4644 (toll free).

Fax: (808)586-2733 Email Address: breg@dcca.hawaii.gov

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.

ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION 92F-11, HRS)