

Nonrefundable Filing Fee:
Foreign General Partnership: \$5.00
Foreign Limited Partnership: \$10.00
FLLLP: \$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.

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STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808)586-2727



No personal checks accepted.
See instructions.

APPLICATION FOR FOREIGN PARTNERSHIP WITHDRAWAL

(Section 425-17, 425E-907, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized individuals submitting this application, certify as follows:

- 1. The partnership is a (check one):
 - Foreign General Partnership
(F/\$5/B35)
 - Foreign Limited Partnership
(F/\$10/B35)
 - Foreign Limited Liability Limited Partnership
(F/\$10/B35)
- 2. The name of the partnership is: _____

3. The partnership was formed under the laws of: _____

4. Please check one:
 The notice of intention to withdraw from the State of Hawaii was published on: _____
(Month Day Year)

in the _____ ; OR
(Name of Newspaper)

Publication was not made.

- 5. The partnership is not transacting business and surrenders its authority to transact business in the State of Hawaii.
- 6. All taxes, debts, obligations and liabilities of the foreign partnership in the State of Hawaii have been paid and discharged or adequate provision has been made therefor.
- 7. The partnership revokes the authority of its registered agent in the State of Hawaii to accept service of process and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this State during the time the partnership was authorized to transact business in this State may hereafter be made on such partnership by service thereof on the Director of Commerce and Consumer Affairs.
- 8. The mailing address to which the Director may mail a copy of any process against the partnership that may be served on the Director is: _____

9. For **foreign limited partnership and foreign limited liability partnership** only. The name and complete address of each general partner is:

I/we certify under the penalties of Section 425-13, 425-172, 425E-208, Hawaii Revised Statutes, as applicable, that I/we have read the above statements, I/we are authorized to sign this application, and that the above statements are true and correct.

Signed this _____ day of _____, _____

(Type/Print Name of General Partner)

(Signature of General Partner)

(Type/Print Name of General Partner)

(Signature of General Partner)

Instructions: Application must be typewritten or printed in **black ink**, and must be **legible**. The application must be signed by at least one general partner. All signatures must be in **black ink**. Submit original application together with the appropriate fee(s).

Line 1. Check the Appropriate box.

Line 2. State the full name of the foreign partnership.

Line 3. Give the name of the state or country where it was formed.

Line 4. Check whether the notice of intention to withdraw was published or not. **DO NOT CHECK BOTH.**

If the notice was published once a week for four successive weeks in a newspaper of general circulation in the State of Hawaii, list the four dates (month, days and year) of publication and the name of the newspaper in which the notice was published.

Line 8. Give the name and complete mailing address (including city, state and zip code) where any process may be mailed to the partnership by the Director of Commerce and Consumer Affairs.

Line 9. Complete only if withdrawing a **foreign limited partnership** or **foreign limited liability limited partnership**. List the names and complete addresses (including city, state and zip code) of all the general partners. If additional space is required, use an attachment. Attachment must be typewritten or printed in black ink on 8-1/2 x 11 white, bond paper, printed only on one side.

Filing Fees: *Filing fees are not refundable. No personal check accepted.* Payment of the filing fee should be 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.

Foreign General Partnership (\$5)
Foreign Limited Partnership (\$10)
Foreign Limited Liability Limited Partnership (\$10)

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)