

**COMPANIES OFFICE
FILING REQUEST**



Series _____ of _____

Entity Name: _____

Registry Number: _____ and/or Business Number: _____

A Return Address: _____

Contact Person: _____

Telephone No.: _____

Client Reference Number: _____

<p>B Name Reservation Number, if applicable: _____</p>	<p>C EXPEDITED SERVICE REQUESTED: (additional fees apply)</p>	<p>D Effective Date – is the date documents are received unless you specify a date up to 30 days in the future: _____ Day Month Year Documents will be processed and released after this date</p>
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<p>E Confirm Mailing Address for Annual Return/Renewal: Same as box A</p> <p>Note: If not completed, the registered office address will be recorded as the mailing address</p>	<p>F Provide an email address if you wish to receive Annual Return/Renewal notifications electronically: _____</p>
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**Return fee and two copies to:
Companies Office 1010 – 405 Broadway, Winnipeg, MB. R3C 3L6**

OFFICE USE ONLY			
Type of forms being filed: <input type="checkbox"/> Corporate <input type="checkbox"/> Business <input type="checkbox"/> Cooperative			Initials:
Fees:	Payment method OR Account number:	Received On:	
_____ _____ _____			
Released Date (dd/mm/yyyy):	Released By:	Pickup Date (dd/mm/yyyy):	Signature (Pickup):

The Business Names Registration Act
**CANCELLATION OF REGISTRATION OF A LIMITED LIABILITY
 PARTNERSHIP OR EXTRA PROVINCIAL LIMITED PARTNERSHIP**



PLEASE PRINT OR TYPE

1. Name of Partnership	
2. Name and address to which duplicate should be returned (include postal code)	
3. Please select one (1) of the following	
<p>The Manitoba Limited Liability Partnership requests that the Director cancel its registration as a Manitoba Limited Liability Partnership. The partnership has not been dissolved. (See Note 1).</p> <p>The Extra-Provincial Limited Liability Partnership requests that the Director cancel its registration as an Extra-Provincial Limited Liability Partnership in Manitoba.</p> <p>The Extra-Provincial Limited Partnership requests that the Director cancel its registration in Manitoba.</p>	
4. The signature of a partner is required (Important: If the partner is a corporation, the signature of a corporate officer is required.)	
Date	Signature
Please print partner's name	Office Held
	(For Corporate Officer)

Note 1: A general partnership practicing a profession governed by an Act of the Legislature is not required to register under The Business Names Registration Act. However, if the partnership wishes to continue its registration under The Business Names Registration Act, a "Registration of a Business Name" form should be filed in addition to this form. If the partnership has been dissolved, please file a "Dissolution" form instead of this form.

Available in alternate formats, upon request