### Instructions to Form UPA-139 – Statement of Cancellation of Registration as a Foreign Registered Limited Liability Partnership

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| **Filing Requirements** | | |
| This statement may not be filed with the Commission by a registered limited liability partnership until all required annual continuation reports have been filed with the Commission. See § 50-73.134 G of the Code of Virginia. | | |
| **Required Fees** | **Filing Fee: $25.00** | |
| **File Online Today** | | **Paper Filing** |
| Visit <https://cis.scc.virginia.gov> to file the statement of cancellation of registration as a Foreign registered limited liability partnership in real time.  **Questions?**  Visit the CIS help page at <https://scc.virginia.gov/pages/CIS-Help> for how-to guides, answers to frequently asked questions, and helpful videos. | | Download from <https://scc.virginia.gov/pages/Foreign-Registered-Limited-Liability-Partnerships> complete, print, and mail or deliver to below address:  **State Corporation Commission** **Courier Delivery Address**  Clerk’s Office 1300 E. Main St, 1st floor  P.O. Box 1197 Richmond, VA 23219  Richmond, VA 23218-1197 |
| Pay online with a credit card or eCheck. No additional processing fees apply for filing online. | | Include a check payable to State Corporation Commission.  **DO NOT SEND CASH**. |

The person who files this statement must promptly send a copy of the statement to every nonfiling partner and to any other person named as a partner in the statement. See § 50-73.83 E of the Code of Virginia.

Each person signing this statement must set forth his or her printed name next to or beneath his or her signature. A person signing on behalf of a partner that is a business entity should set forth the business entity’s name, his or her printed name, and the capacity in which he or she is signing on behalf of the business entity. Any person may execute a statement by an attorney-in-fact. See § 50-73.83 C of the Code of Virginia

**Important Information**

The statement must be in the English language, typewritten or legibly printed in black, using the following guidelines:

|  |  |
| --- | --- |
| * use solid white paper * size 8 1/2" x 11" | * one-sided * no visible watermarks or background logos |

**Do not include personally identifiable information**, such as a Social Security number, in a business entity document submitted to the Office of the Clerk for filing with the Commission. Information in these documents is available to the public. For more information, see Notice Regarding Personally Identifiable Information at [www.scc.virginia.gov/clk](http://www.scc.virginia.gov/clk).

Form **UPA-139** (rev 08/20)

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| SCC_mp - seal - no bgrd  **Form**  **UPA-139**  (Rev. 08/20)  State Corporation Commission | **Statement of Cancellation of Registration as a Foreign Registered Limited Liability Partnership** |  |

The undersigned, on behalf of the foreign registered limited liability partnership set forth below, pursuant to Title 50, Chapter 2.2, Article 9.1 of the Code of Virginia, states as follows:

1. The name of the foreign registered limited liability partnership is

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. The initial statement of registration was filed in Virginia on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(month, day, year)

3. The state or other jurisdiction of formation is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. The foreign registered limited liability partnership is not transacting business in Virginia and it surrenders its registration to transact business in Virginia.

5. The foreign registered limited liability partnership revokes the authority of its registered agent to accept service on its behalf and appoints the Clerk of the Commission as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in Virginia.

6. The mailing address to which the Clerk of the Commission may mail a copy of any process served on him as agent of the foreign registered limited liability limited partnership is

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Signatures of at least two partners of a partnership or one or more authorized general partners of a limited partnership:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

(signature) (printed name) (title) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

(signature) (printed name) (title) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(registered limited liability partnership’s SCC ID no.) (telephone number (optional))

**Provide a name and mailing address for sending correspondence regarding the filing of this document. (If left blank, correspondence will be sent to the registered agent at the registered office.)**

**(name)**

**(mailing address)**