

## Please Print Or Type

1. Name of Limited Liability Partnership

2.	Name and address to which duplica	te should be returned (include postal code)	3. Contact person, if different from registrant	
			Tel (8:00-4:30)	
4.	4. Please select and complete one (1) of the following:			
	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).			
	The Extra-Provincial Limited Liability Partnership requests that the Director cancel its registration as an Extra-Provincial Limited Liability Partnership in Manitoba.			
	<ol> <li>The signature of a partner is required. (Important: If the partner is a corporation, the signature of a corporate officer is required.)</li> </ol>			
Date		Signature	Office Held (For Corporate Officer)	
OFI	FICE USE ONLY			
OFI	NCE USE UNLI			
Date of Filing				
Registration Number				
1.08				
Business Number				
<b>Note 1:</b> A general partnership practising a profession governed by an Act of the Legislature is not required to register under <u>The</u> Business Names Registration Act. However, if the partnership wishes to continue its registration under The Business Names				

Business Names Registration Act. However, if the partnership wishes to continue its registration under <u>The Business Names</u> <u>Registration Act</u>, 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.