



**Secretary of State
Business Programs Division**

Business Entities

1500 11th Street, Sacramento, CA 95814

P.O. Box 944260, Sacramento, CA 94244-2600

Business Entities Submission Cover Sheet

For fastest service, file online at bizfileOnline.sos.ca.gov.

Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit www.sos.ca.gov/business/be/processing-dates.
- To obtain a certified copy, include certification fees with your submission.

Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

Contact Person (Please type or print legibly):

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Entity Information (Please type or print legibly):

Entity Name: _____

Entity Number (if applicable): _____

Comments: _____

Instructions for Completing the Statement of Dissolution (Form GP-4)

Legal Authority: Statutory filing provisions are found in California Corporations Code section [16805](#). All statutory references are to the California Corporations Code, unless otherwise indicated.

- A Statement of Partnership Authority (Form GP-1) must be filed with the Secretary of State of California prior to filing a Statement of Dissolution (Form GP-4).

Fees: There is no fee for filing a Statement of Dissolution (Form GP-4). However, a non-refundable \$15.00 handling fee is applicable for processing documents delivered in person (drop off) at the Sacramento office.

Copies: Upon filing, we will return one (1) plain copy of your filed document for free, and will certify the copy upon request and payment of an additional \$5 certification fee.

Complete the Statement of Dissolution (Form GP-4) as follows:

- Item 1.** Enter the name of the partnership as filed with the Secretary of State of California.
- Item 2.** Enter the entity number issued to the partnership by the Secretary of State of California.
- Item 3.** Execution of this document confirms the following statement, which has been preprinted on this form and should not be altered: "THE ABOVE NAMED PARTNERSHIP HAS DISSOLVED AND IS WINDING UP ITS BUSINESS".
- Item 4.** The partnership may include other information, as desired. Attach additional pages, if necessary, and enter the number of pages attached in Item 5.
- Item 5.** Enter the number of pages attached, if any.
- Item 6.** The Statement of Dissolution (GP-4) shall be executed as provided in Sections [16105\(c\)](#) and [16805\(a\)](#).
- Item 7.** Enter the name and mailing address of the person or firm to whom a copy of the filing is to be returned.



State of California

Secretary of State

Form GP-4

STATEMENT OF DISSOLUTION

IMPORTANT – Read instructions before completing this form.

1. NAME OF PARTNERSHIP:

2. SECRETARY OF STATE ENTITY NUMBER:

3. THE ABOVE NAMED PARTNERSHIP HAS DISSOLVED AND IS WINDING UP ITS BUSINESS. (DO NOT ALTER THIS STATEMENT)

4. OTHER MATTERS, IF ANY (ATTACH ADDITIONAL PAGES IF NECESSARY):

5. NUMBER OF PAGES ATTACHED, IF ANY:

6. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

THIS SPACE FOR FILING USE ONLY

DOCUMENT # _____

SIGNATURE OF PARTNER

DATE EXECUTED

TYPE OR PRINT NAME OF PARTNER

COUNTY AND STATE EXECUTED

SIGNATURE OF PARTNER

DATE EXECUTED

TYPE OR PRINT NAME OF PARTNER

COUNTY AND STATE EXECUTED

7. RETURN TO:

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE: