

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

**Procedure for Continuation of Business Domestic Limited  
Partnership and Domestic Limited Liability Company**

(15 Pa.C.S)

\_\_\_ Statement of Election (§ 8103A)

\_\_\_ Statement of Termination of Election (§ 8103B)

Name		
_____		
Address		
_____		
City	State	Zip Code
_____	_____	_____

**Document will be returned to the name and address you enter to the left.**



Fee: \$70

In compliance with the requirements of the applicable provisions (relating to continuation of certain limited partnerships and limited liability companies), the undersigned limited partnership or limited liability company, hereby states that:

1. The name of the partnership or company is:

\_\_\_\_\_

2. The location of its principal place of business:

Number and street	City	State	Zip	County
_____	_____	_____	_____	_____

3. *Not applicable to limited liability companies:* The name of each general partner of the partnership as of the date of this statement is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. *Statement Election:* The partnership or limited liability company elects to be governed by 15 Pa.C.S. § 8103 (relating to continuation of certain limited partnerships and limited liability companies).

*Statement of Termination of Election:* The election to be governed by 15 Pa.C.S. § 8103 (relating to continuation of certain limited partnerships and limited liability companies) is terminated.

5. \_\_\_\_ The election/termination has been authorized by at least a majority in interest of the partners or members.

IN TESTIMONY WHEREOF, the undersigned partnership or company has caused this Statement to be executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Partnership or Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
web site: [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$70 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. This form and all accompanying documents shall be mailed to the above stated address.