

# Limited Partnership Instructions



Wyoming Secretary of State

Herschler Building East, Suite 101 ♦ 122 W 25th Street ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

## Before Filing Please Note

- ☐ Pursuant to W.S. 17-14-203, the name must include the words “Limited Partnership” without abbreviation. If you elect to be a Limited Liability Limited Partnership (LLLP) you may include the designation in the name; “Limited Partnership LLLP” or “Limited Liability Limited Partnership”. Please refer to the Wyoming Statutes to determine which status to elect.
- ☐ **Filing fee of \$100.00.** Visa or MasterCard payment available for online filings only. **To file online, visit: <https://wyobiz.wyo.gov>.** Make check or money order payable to Wyoming Secretary of State for paper filings.
- ☐ Under the circumstances specified in W.S. 17-28-104(e), **an email address is required.**
- ☐ **Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.
- ☐ Please review the form prior to submission. **The Secretary of State’s Office is unable to process incomplete forms.**



## You’re Ready to Mail in Your Documents!

- ♦ **Processing time is up to 15 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wyo.gov> to see what day is currently being processed.

## Additional Contact Information

- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Department of Workforce Services** (Workers’ Compensation or Unemployment Insurance)
  - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
  - <https://www.irs.gov/Filing>



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For Office Use Only

## Limited Partnership Certificate of Limited Partnership

1. Name of the limited partnership:

*(The name must contain the words "Limited Partnership" without abbreviation. You may include the designation in the name for a Limited Liability Limited Partnership (LLLP) if you choose.)*

2. Please check this box if you elect to be a limited liability limited partnership (LLLP).

3. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

4. Mailing address of the limited partnership:

5. Principal office address:

6. Name and business address of each general partner:

Name:

Address:

7. The amount of cash and a description and statement of the agreed value of the other property or services contributed or to be contributed in the future:

8. The latest date upon which the limited partnership is to dissolve:  
(mm/dd/yyyy)

9. Certification. *(Please check the box to complete the required certification.)*

I consent on behalf of the business entity to accept electronic service of process at the required email address provided on the form under the circumstances specified in W.S. 17-28-104(e).

**General Partner Signature:** \_\_\_\_\_  
Print Name:

**Date:**  
(mm/dd/yyyy)

**General Partner Signature:** \_\_\_\_\_  
Print Name:

**Date:**  
(mm/dd/yyyy)

**General Partner Signature:** \_\_\_\_\_  
Print Name:

**Date:**  
(mm/dd/yyyy)

Contact Person:

Daytime Phone Number:

Email:  
*(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)*



## Consent to Appointment by Registered Agent

I, \_\_\_\_\_, registered office located at  
(name of registered agent)

voluntarily consent to serve

\*(registered office physical address, city, state, & zip)

as the registered agent for  
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_  
(Shall be executed by the registered agent.)

**Date:** \_\_\_\_\_  
(mm/dd/yyyy)

Print Name:

Daytime Phone:

Title:

Email:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Registered Agent Mailing Address  
(if different than above):

**IMPORTANT:** If you are an existing registered agent and your existing address on record does not match what is provided on this form, a **Registered Agent Information Update** form is also required.