NOTICE OF PARTNERSHIP DISSOLUTION

TO: All Creditors, Customers, Vendors, and Interested Parties

FROM: [Partnership Name]

DATE: [Current Date]

OFFICIAL NOTICE OF DISSOLUTION

Notice is hereby given that the partnership between:

Partner 1: [Full Legal Name]
Address: [Complete Address]
SSN/Tax ID: [Number]

Partner 2: [Full Legal Name]
Address: [Complete Address]
SSN/Tax ID: [Number]

[Add additional partners as needed]

Operating under the business name of **[Partnership Name]** at [Business Address], [City, State, ZIP Code], will be DISSOLVED effective **[Dissolution Date]**.

BUSINESS INFORMATION

Partnership Name: [Legal Business Name]
DBA (If applicable): [Doing Business As Name]
Business Address: [Complete Address]
Tax ID Number: [EIN Number]
State of Formation: [State]
Date Partnership Formed: [Original Date]

DISSOLUTION DETAILS

Effective Date of Dissolution: [Specific Date]
Reason for Dissolution: [Brief explanation - e.g., "Mutual agreement of all partners" or "Expiration of partnership term"]

Winding Up Period: The partnership will continue to exist for the limited purpose of winding up its affairs until [Final Date].

ASSET DISTRIBUTION

All partnership assets will be distributed as follows:

- Business debts and obligations will be paid first
- Remaining assets will be divided according to the partnership agreement dated [Date]
- [Specific asset distributions if known]

CREDITOR CLAIMS

IMPORTANT: All creditors having claims against the partnership must submit their claims in writing to:

[Name of Designated Partner or Attorney]
[Address]
[City, State, ZIP Code]
Phone: [Phone Number]
Email: [Email Address]

Claim Deadline: All claims must be received by **[Date - typically 30-60 days from notice date]**.

Claims not submitted by this deadline may be barred under state law.

ONGOING OBLIGATIONS

The following contracts and obligations will be handled as follows:

Leases: [How lease obligations will be handled]
Equipment Financing: [How equipment loans will be handled]
Customer Contracts: [How ongoing customer contracts will be managed]
Employee Obligations: [How employee contracts/benefits will be addressed]

AUTHORITY AFTER DISSOLUTION

After the dissolution date, **NO PARTNER** has authority to:

- Enter into new contracts on behalf of the partnership
- Incur new debts or obligations
- Make commitments that bind other partners

Any partner who acts beyond this authority does so at their own risk and liability.

CONTACT INFORMATION

For questions regarding this dissolution, contact:

Primary Contact: [Name]
Phone: [Phone Number]
Email: [Email Address]
Office Hours: [Available hours]

PARTNER SIGNATURES

By signing below, all partners acknowledge this dissolution notice and agree to its terms:

[Partner 1 Name]
Signature: _____ Date: _____
Print Name: _____

[Partner 2 Name]
Signature: _____ Date: _____
Print Name: _____

[Additional Partner Names as needed]
Signature: _____ Date: _____
Print Name: _____

NOTARIZATION

State of [State Name]
County of [County Name]

On this _____ day of _____**, 20**, before me personally appeared [Partner Names], who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities.

Notary Public Signature: _____
[Notary Seal]
My commission expires: _____

FILING INFORMATION

This notice has been filed with:

- [ ] Secretary of State
- [ ] County Clerk
- [ ] Local Business License Office
- [ ] IRS (Final Tax Returns)
- [ ] State Tax Authority

Filed Date: [Date]
Filing Number: [If applicable]

This notice complies with [State] Partnership Act requirements for dissolution notification. All interested parties are advised to govern themselves accordingly.