

Partnership Dissolution Agreement

Date: [Insert Date]

To,

[Partner's Name]

[Partner's Address]

[City, State, Zip Code]

Dear [Partner's Name],

We, [Your Name] and [Partner's Name], hereby agree to mutually dissolve our partnership established on [Partnership Start Date] for [Partnership Purpose]. After thorough consideration, we believe that this decision is in the best interest of both parties.

We agree that the effective date of this dissolution shall be [Dissolution Date]. All financial obligations, debts, and assets will be settled as per our previous agreements. We will work collaboratively to ensure a smooth transition and a fair division of remaining assets.

Both parties confirm that this decision is made voluntarily and without any coercion. We appreciate the time we have spent working together and wish each other success in our future endeavors.

Please sign below to indicate your agreement to this mutual consent for partnership dissolution:

[Your Name]

[Partner's Name]

Thank you.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]

[Your Email] | [Your Phone Number]