



# STATEMENT OF WITHDRAWAL OF A FILING

State Form 56366 (R1 / 06-24)  
Approved by State Board of Accounts, 2017

**Diego Morales**  
**SECRETARY OF STATE**  
**BUSINESS SERVICES DIVISION**  
302 West Washington Street, Room E018  
Indianapolis, IN 46204  
Telephone: (317) 234-9768  
[INBiz.in.gov](http://INBiz.in.gov)

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
  2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
  3. For additional forms please visit [in.gov/sos/business/division-forms](http://in.gov/sos/business/division-forms)
  4. Make check or money order payable to the Secretary of State.
  5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

**Please note:** This form can only be submitted to withdraw a filing before the effective date of that filing.

## INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

### RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number (    )	E-mail address (If different from above – SOS use only)	





# STATEMENT OF WITHDRAWAL OF A FILING

State Form 56366 (R2 / 06-24)  
Approved by State Board of Accounts, 2017

Indiana Code 23-0.5-2-4  
23-0.5-9-28

**FILING FEE: \$30.00**

## STATEMENT OF WITHDRAWAL

The undersigned, desiring to withdraw a filing that has been delivered to the Secretary of State pursuant to the provisions of Indiana Code 23-0.5-2-4, executes the following Statement of Withdrawal.

The name of the entity

Records to be withdrawn

*Select one:*

- This Statement of Withdrawal is signed by each person that signed the record being withdrawn; or
- This Statement of Withdrawal is signed by fewer than all persons that signed the record being withdrawn.  
The record is being withdrawn in accordance with the agreement of all the persons who signed the record.

In Witness Whereof, the undersigned duly authorized representative(s) of the entity executes this Statement of Withdrawal of a Filing and verifies, subject to penalties of perjury, that the statements contained herein are true, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature	Printed name	Title
Signature	Printed name	Title
Signature	Printed name	Title
Signature	Printed name	Title