



STATEMENT OF WITHDRAWAL OF A FOREIGN ENTITY

State Form 56374 (R2 / 01-26)
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

- 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
 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.

NOTE: This form may be used by a foreign entity that wishes to withdraw its registration to do business in Indiana.

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)	





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Indiana Code 23-0.5-5-7
23-0.5-9-28

FILING FEE: \$30.00

The undersigned, desiring to withdraw a foreign entity from the records of the Secretary of State pursuant to the provisions of Indiana Code 23-0.5-5-7, executes the following Statement of Withdrawal.

ARTICLE I – REASON FOR WITHDRAWAL

Reason for withdrawal (*choose one*):

- ☐ The business will remain active in its jurisdiction of formation but wishes to withdraw its registration to do business in Indiana.
☐ The business has dissolved in its jurisdiction of formation.
☐ The business has converted to a domestic or foreign entity that is not a filing entity.

ARTICLE II – ENTITY INFORMATION

The name of the entity

The jurisdiction of formation of the entity

The date the foreign entity registered with the Secretary of State (*month, day, year*)

ARTICLE III – SERVICE OF PROCESS

By filing this Statement of Withdrawal, the foreign entity states that it withdraws its registration to do business in Indiana.

By filing this Statement of Withdrawal, the foreign entity revokes the authority of its registered agent to accept service on its behalf in Indiana.

By filing this Statement of Withdrawal, the foreign entity hereby commits to notify the Secretary of State in the future of any change in the foreign entity's street address.

If the foreign entity filing this Statement of Withdrawal is a Foreign Master LLC, the withdrawal of the Master LLC will cause the withdrawal of every associated Series.

Provide a mailing address and e-mail address to which service of process may be delivered.

Number and street	City	State	ZIP code
<input type="checkbox"/> The address listed for this governing person is a Commercial Mail Receiving Agency address. (If you check this box, include State Form 9900382 with your filing)		PMB #	
E-mail address			

ARTICLE IV – BUSINESS HAS CONVERTED TO A DOMESTIC OR FOREIGN ENTITY THAT IS NOT A FILING ENTITY (Please complete this Article if you selected the third box in Article I above.)

Type of entity, other than a filing entity, to which the entity has converted

In Witness Whereof, the undersigned duly authorized representative of the foreign entity executes this Statement of Withdrawal and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20____.

Signature

Printed name

Title