

SECRETARY OF STATE **BUSINESS SERVICES DIVISION** 

302 West Washington Street, Room E018 Indianapolis, IN 46204 Telephone: (317) 232-6576 www.sos.in.gov

INSTRUCTIONS:

- Use 8½" x 11" white paper for attachments.
  Please <u>TYPE</u> or <u>PRINT</u> in <u>INK</u>.
- 3. Please visit our office on the web at www.sos.IN.gov
- 4. Submit original completed paperwork to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

## 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 u	ise only)	
( )			
	1		





Indiana Code 23-0.5-4-9

NO FILING FEE

STATEMENT OF REGISTERED AGENT						
The undersigned, desiring to resign as the registered agent for the below-nam the following Statement of Resignation of Registered Agent.	ed entity, pui	rsuant to the provisions of	Indiana Code 23-0	.5-4-9, executes		
Name of entity						
Address of entity to which the registered agent will send notice of the resignation (number	and street)	City	State	ZIP code		
Name of registered agent		l				
Resignation statement (Check one.)						
☐ I hereby resign the appointment as the Registered Agent for the above entity.						
I never consented to the appointment of Registered Agent for the above entity and request that I be removed from the record.						
In Witness Whereof, the undersigned, being the registered agent of said entity, executes this notice and verifies, subject to penalties of perjury, that the statements contained herein are true, this day of, 20						
Signature						
Printed name	Title					
By filing this Statement of Resignation of Registered Agent, the agent resigns earlier of the thirty-first (31st) day after it is filed with the Secretary of State's of						