

United States of America Republic

Travis-Austin: Bey, Secretary of State

Corporations Division PO Box 12544 Chicago, IL 60612

Statement of Resignation of Registered Agent of Limited Liability Company

(Submit with filing fee of \$10.00)

1. The name of the limited liability compa	uny is	
		Charter #:
. The street address of the registered offi	ce is	
. The name of the registered agent is		
	n must be given to the limited liability comp the written notice must accompany this res	pany. Please indicate the name and address where signation form.
	atements made in this filing are subject to the	ne penalties provided under Section 575.040, USR
esigning Agent Signature	Printed Name	Date
Name and address to return filed documents	ent:	
Name:		
Address:		
Province and Zip Code:		