

DO NOT STAPLE

Ss. 178.43 (2m),
179.045, 180.0503,
180.1509, 181.0503,
181.1509, 183.0105
(5) & 183.1009,
Wis. Stats.

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



RESIGNATION OF REGISTERED AGENT

1. The undersigned resigns as registered agent for _____
_____ a limited liability
partnership, limited partnership, corporation or limited liability company (“entity”) organized under the laws
of _____.

2. Said entity has its present registered office in Wisconsin at

_____ and said registered office is discontinued.

3. Said entity has its present principal office at (complete mailing address):

4. Executed on _____ (Date) _____ (Printed Name of the Registered Agent)

By an Individual ► BY: _____
Registered Agent (Signature)

By an Entity ► FOR THE REGISTERED AGENT
BY: _____
(Signature)

RESIGNATION OF REGISTERED AGENT

[

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Your return address and phone number during the day: () _____ - _____

INSTRUCTIONS: (Ref. Ss. 178.43 (2m), 179.045, 180.0503, 180.1509, 181.0503, 181.1509, 183.0105 (5) and 183.1009 Wis. Stats., for document content)

Please use BLACK ink. Submit one original to State of WI – Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a **filing fee of \$10.00**, payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, address to 201 W. Washington Ave, Suite 300, Madison WI, 53703.) Sign the document manually or otherwise as allowed under sec. 178.46 (1g) (d) and similar sections. **NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

(Note: This form is suitable for use by a domestic or foreign limited liability partnership, limited partnership, corporation, or limited liability company organized or licensed under Chs. 178, 179, 180, 181 or 183 of the Wisconsin Statutes, respectively.)

1. Enter the name and state of organization of the entity for which the registered agent is resigning. If the entity is licensed in this state under a fictitious name, list the fictitious name.
2. Enter the address of the entity's present registered office in Wisconsin.
3. Enter the address of the entity's present principal office, whether located in Wisconsin or elsewhere.
4. Enter the date of execution and the printed name of the Registered Agent. Sign the statement, using the appropriate signature area. One signature area is provided for execution of the statement by an individual and another signature area for execution by an entity, such as a corporation.