



FORM **13R**

**RESIGNATION OF REGISTERED AGENT**

ss. 178.0910, 179.045, 180.0503, 180.1509, 181.0503, 181.1509, 183.0105 (5) & 183.1009, Wis. Stats.

1. Name of the entity (including its registered or fictitious name, if so licensed):

\_\_\_\_\_

2. The entity submitting this statement is organized under the laws of

Wisconsin **OR**  \_\_\_\_\_ (name the foreign state or country)

3. A) Said entity has its present registered office in Wisconsin at:

and said registered office is discontinued.

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

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

If Agent is an Individual ► BY: \_\_\_\_\_  
Registered Agent (Signature)

If Agent is an Entity ► FOR THE REGISTERED AGENT  
BY: \_\_\_\_\_  
(Signature)

Office Use Only

## RESIGNATION OF REGISTERED AGENT

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### ▲ Please provide an email or postal mailing address for the filed copy of the document.

Your **phone number** during the day: \_\_\_\_\_

### **INSTRUCTIONS**

(Ref. ss. 178.0910, 179.045, 180.0503, 180.1509, 181.0503, 181.1509, 183.0105 (5) & 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 check for the filing fee, payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit [www.wdfi.org/contact\\_us/](http://www.wdfi.org/contact_us/) for current physical address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

*(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 jurisdiction of the entity.
- 3 A). Enter the address of the entity's present registered office in Wisconsin.
- 3 B). 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.