

Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102

Statement of Resignation of Registered Agent of Limited Liability Company (Submit with filing fee of \$10.00)

1. The name of the limited liability compar	ny is	Charter #:
2. The street address of the registered office	ee is	Charter #.
3. The name of the registered agent is		
	must be given to the limited liability compant the written notice must accompany this resign	y. Please indicate the name and address where nation form.
		nalties provided under Section 575.040, RSMo)
Resigning Agent Signature	Printed Name	Date
None and address to make me filled decreases		
Name and address to return filed documents Name:		
Address:		
City. State, and Zip Code:		