



**State of Missouri**  
John R. Ashcroft, Secretary of State

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 company is

\_\_\_\_\_ Charter #: \_\_\_\_\_

2. The street address of the registered office is

\_\_\_\_\_

3. The name of the registered agent is

\_\_\_\_\_

4. Written notice of the agent's resignation must be given to the limited liability company. Please indicate the name and address where written notice has been sent. A copy of the written notice must accompany this resignation form.

\_\_\_\_\_

\_\_\_\_\_

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

\_\_\_\_\_  
*Resigning Agent Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_