A

FILING REQUESTED BY AND
WHEN FILED, MAIL TO:

Name:
Street:
City:
State:
Telephone #:
Cust. Ref. #:

Clear Form Data

B Publish in:

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STATEMENT OF WITHDRAWAL FROM PARTNERSHIP OPERATING UNDER FICTITIOUS BUSINESS NAME

The following person(s) has/have withdrawn as general partners from the partnership operating under the fictitious business name:

1 Fictitious Business Name(s)
a:
b:
c:

2 Street Address, City & State of principal place of business — Zip Code

3 The fictitious business name referred to above was filed on: — in the County of: — Original File #

4

Full name of Registrant — (if corporation or limited liability company - incorporated or organized in which state)
Residence Street Address — City — State — ZIP Code

Full name of Registrant — (if corporation or limited liability company - incorporated or organized in which state)
Residence Street Address — City — State — ZIP Code

Full name of Registrant — (if corporation or limited liability company - incorporated or organized in which state)
Residence Street Address — City — State — ZIP Code

Full name of Registrant — (if corporation or limited liability company - incorporated or organized in which state)
Residence Street Address — City — State — ZIP Code

5 This Business is conducted by: (check one only)

( ) an individual ( ) husband and wife ( ) co-partners ( ) joint venture ( ) a corporation ( ) a business trust ( ) a limited partnership ( ) a general partnership ( ) limited liability company ( ) an unincorporated association other than a partnership ( ) other - please specify _____

I declare that all information in this statement is true and correct. *(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)*

6 If Registrant is not a corporation sign below:

_____ SIGNATURE — _____ TYPE OR PRINT NAME
_____ SIGNATURE — _____ TYPE OR PRINT NAME
_____ SIGNATURE — _____ TYPE OR PRINT NAME

7 If Registrant is a corporation or limited liability company sign below:

_____ CORPORATION OR COMPANY NAME
_____ SIGNATURE & TITLE
_____ TYPE OR PRINT NAME

This statement was filed with the County Clerk of _____ County on date indicated by file stamp above.

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