



Vermont Secretary of State
**STATEMENT OF RESIGNATION OF
 REGISTERED AGENT**

File No.: _____

Business ID _____

1. RETURN ACKNOWLEDGEMENT TO: *REQUIRED - NAME AND MAILING ADDRESS*

NAME _____

ADDRESS _____

Processed by: _____
 FOR OFFICE USE ONLY

THIS DOCUMENT MUST BE TYPEWRITTEN OR PRINTED (11A V.S.A. § 1.20)
 PLEASE REVIEW INSTRUCTIONS PAGE BEFORE BEGINNING

2. BUSINESS NAME: *REQUIRED* _____

3. REGISTRATION TYPE: *REQUIRED - SELECT ONE (1) OF THE FOLLOWING:*

- PROFIT CORPORATION
- NONPROFIT CORPORATION
- MUTUAL BENEFIT ENTERPRISE (MBE or LCA)
- LIMITED LIABILITY COMPANY (LLC, PLC, or L3C)
- LIMITED LIABILITY PARTNERSHIP (LLP or RLLP)
- LIMITED PARTERSHIP (LP)
- GENERAL PARTNERSHIP
- TRADE NAME REGISTRATION
- TELEMARKETER REGISTRATION

4. RESIGNING AGENT: *REQUIRED – MUST MATCH THE INFORMATION CURRENTLY ON RECORD WITH THE VERMONT SECRETARY OF STATE:*

a. **Agent Name:** _____

b. **Agent Mailing Address:** _____

City/Town: _____ State: **VT** ZIP Code: _____ - _____

5. STATEMENT OF NOTIFICATION: *REQUIRED ONLY IF AGENT IS RESIGNING FROM A LIMITED LIABILITY COMPANY (LLC, PLC, or L3C) ORGANIZED OR REGISTERED WITH THE VERMONT SECRETARY OF STATE BEFORE 7/1/2015 (as per 11 V.S.A. § 3010 and 2015, No. 17 (Adj. Sess.), § 12)*

Written notice of this resignation has been mailed or delivered to the to the following individual on behalf of the limited liability company or foreign limited liability company at its last known address:

a. **Name of Individual Notified:** _____

b. **Last Known Address of LLC:** _____

City/Town: _____ State: _____ ZIP Code: _____ - _____

6. STATEMENT OF RESIGNATION: *REQUIRED*

I hereby notify the Vermont Secretary of State that I resign, or my business resigns, as the Registered Agent for the Business Entity or Trade Name listed above (Line 1).

7. EFFECTIVE DATE: *REQUIRED*

This resignation is effective on the 31st day following the date of filing.

CERTIFICATION OF STATEMENT: *REQUIRED*

I hereby certify, under penalty of law (11A V.S.A. § 1.29, 11B V.S.A. § 1.29, 11C V.S.A. § 205, or 11 V.S.A. § 4025), that:

- (1) I am in fact the resigning Registered Agent,
- (2) the above information is true as of the date of submission, and
- (3) this form is provided in TRIPLICATE with a self-addressed stamped envelope. *THERE IS NO FEE FOR THIS FILING.*

 Signature of Resigning Agent

 Date

PLEASE REVIEW INSTRUCTIONS ON REVERSE BEFORE FILING



Vermont Secretary of State
**STATEMENT OF RESIGNATION OF
REGISTERED AGENT** of a Business Entity or Trade
Name registered to do business in the State of Vermont

Submission Instructions

1. **Filing Formats:** Agent Resignations can only be accepted by Mail or In-person at:

**Vermont Secretary of State
Corporations Division
128 State Street
Montpelier, VT 05633-1104**

Note: Agent Resignations cannot be accepted by Phone, Fax, Website, or E-mail.

2. **Payment Options:** Statements of Resignation are **NO FEE**.
3. **Required Documents:** Agent Resignations must be filed in with the signed original and two (2) copies.
 - a. Please allow 3-5 business days, from the day this is received in our office, for processing.
 - b. Please allow 24 hours, following processing, for Website information to be updated.

Form Instructions

- Line 4.**
- a. The name of resigning agent and company must be the same as registered with the Vermont Secretary of State. Please see <http://corps.sec.state.vt.us/corpbrow.aspx> to verify this information.
 - b. The effective date of the termination is the 31st day after the statement was filed.

**For Questions, Contact Corporations Division at:
(802) 828-2386 or corps@sec.state.vt.us**