

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

STATEMENT OF RESIGNATION OF REGISTERED AGENT

FOR USE BY NONCOMMERCIAL OR COMMERCIAL REGISTERED AGENT SDCL 59-11-15

Please Type or Print Clearly in Ink
Please submit one **Original**
NO FILING FEE

The registered agent identified below submits to the Secretary of State the following Statement of Resignation. The State of Resignation takes effect on the thirty-first day after the day on which it is filed with the Secretary of State or upon appointment of a new registered agent, whichever occurs first.

1. The Name and Business ID of the entity is:

Name (Note: This must be the exact name as registered.) Business ID

2. The name of the registered agent: _____

3. The name and address of the person to which the agent will send notice to at the represented entity:

Person Receiving Notice Mailing Address City State ZIP+4

4. The agent resigns from serving as the agent of service of process for the above stated entity.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil penalty (SDCL 59-11-27).

The Statement of Resignation shall be signed by or on behalf of the registered agent.

Dated _____

Signature of an authorized officer

Printed Name

Title