



**OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION**
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817

Brian P. Kemp
Secretary of State

**APPLICATION FOR WITHDRAWAL
OF CERTIFICATE OF AUTHORITY**

1. **Entity Type** (check one only):

- Corporation
- Limited Liability Company
- Limited Partnership/Limited Liability Limited Partnership
- Limited Liability Partnership

Entity Control Number: _____

2. **Entity Name:** _____

3. **Home State/Country** (State/Country in which entity was formed): _____

4. **The entity selected in item 1 and named in item 2 no longer transacts business in Georgia and surrenders its certificate of authority.**

5. **The entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State of Georgia as its agent for service in any proceeding based on a cause of action that arose during the time it was authorized to transact business in Georgia.**

6. **Any process served on the entity after withdrawal from Georgia may be mailed to the following address:**

7. **The withdrawing entity commits that it will notify the Secretary of State of any changes in the mailing address provided in item 6.**

8. _____
Signature **Date**

Print Name

Signer's Capacity (check one only):

- Corporation: Officer Receiver or Trustee Attorney-in-fact
- LLC: Member Manager Receiver or Trustee Attorney-in-fact
- LP/LLLP: Authorized Person
- LLP: Authorized Person

Please mail completed application to the address provided at the top of this form. Certificate of withdrawal will be emailed to the email address provided below.

Email Address: _____