

OFFICE OF SECRETARY OF STATE CORPORATIONS DIVISION

2 Martin Luther King Jr. Dr. SE Suite 313 West Tower Atlanta, Georgia 30334 (404) 656-2817

APPLICATION FOR WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	Entity Type (check one	oniy):			
	□ Corporation□ Limited Liabilit□ Limited Partne□ Limited Liabilit	rship/Limited Liability Limited Partner	rship		
	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.	appoints the Secretary	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.		the entity after withdrawal from Georg		-	
	The withdrawing entity address provided in ite	commits that it will notify the Secreta m 6.	ry of State of any cha		
7. 8.	The withdrawing entity address provided in ite	commits that it will notify the Secreta	ry of State of any cha	nges in the mailing	
	The withdrawing entity address provided in ite	commits that it will notify the Secreta m 6.	ry of State of any chai	nges in the mailing	
	The withdrawing entity address provided in ite Signature Print Name*:	commits that it will notify the Secreta m 6.	ry of State of any chai	nges in the mailing	
	The withdrawing entity address provided in ite Signature Print Name*:	commits that it will notify the Secreta m 6.	ry of State of any chai	nges in the mailing	
	The withdrawing entity address provided in ite Signature Print Name*: Email Address: Corporation:	commits that it will notify the Secreta m 6.	ry of State of any char	nges in the mailing	

^{*} Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.