

Corporations & Charities Division

Physical/Overnight address:

801 Capitol Way S
Olympia, WA 98501-1226

Mailing address:
PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377

www.sos.wa.gov/corporations

## INSTRUCTIONS: COMMERCIAL REGISTERED AGENT TERMINATION STATEMENT RCW 23.95.440

**Purpose:** A Commercial Termination Statement may be used to terminate the registration of a recorded commercial registered agent and resign as the registered agent for all represented business entities.

Upon completion, a Commercial Termination Statement will be added to the filing history of each represented business entity. After 31 days, the commercial registered agent will be removed from each represented business entity. Please note, the resigning agent is required to send notice of their resignation to all represented business entities.

<u>General Instructions</u>: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website <a href="https://ccfs.sos.wa.gov/corporations">www.sos.wa.gov/corporations</a> a fillable .pdf version of this form is available or you can file online at <a href="https://ccfs.sos.wa.gov">https://ccfs.sos.wa.gov</a>

Mail: Send the completed form and payment to the address listed above.

<u>Payment</u>: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: There is no filing fee to terminate the Commercial Registered Agent listing.

**Expedited Service**: If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

## ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

(1) Name of Commercial Registered Agent: Provide the name of the Commercial Registered Agent as currently recorded with the Office of the Secretary of State.

(2) Attestation: By the authorized person signing the Commercial Registered Agent attests that the statements in this section are true and correct.

(3) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address.

(4) Authorized Person: Sign, print, provide the signer's title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at <a href="https://www.sos.wa.gov/corporations">www.sos.wa.gov/corporations</a> to chat with a representative.

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

□ To Expedite Filing, Add \$100  COMMERCIAL REGISTERED AGENT Termination Statement RCW 23.95.425  All fields are REQUIRED unless otherwise specified  (1) NAME OF COMMERCIAL REGISTERED AGENT: (as currently recorded with the Office of the Secretary of State)  (2) ATTESTATION:  By the authorized person signing the Commercial Registered Agent attests that the below statements are true a correct.  I affirm that I will promptly furnish each entity represented by me a notice of this termination statement and include th information that this termination takes effect on the 31st day following the filing at the OSOS. The entity must appoint another Registered Agent within 30 days following the effective date. By signing this form, I affirm that I am no longe in the business of service as a Commercial Registered Agent in Washington.  Signature of Registered Agent Printed Name Date  (3) RETURN ADDRESS FOR THIS FILING: (optional)  If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Register Agent's address.  Attention:		
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City: State: Zip:		
	Agent's address.	
	Agent's address.  Attention: Email:	
(4) AUTHORIZED PERSON·	Agent's address.  Attention: Email:  Address:	
I hereby certify, under penalty of law, that the above information is accurate and complies with the filing	Agent's address.  Attention: Email:  Address:	

**Printed Name/Title** 

Date

**Signature of Authorized Person**