



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.

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

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

Email: An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

Payment: 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 www.sos.wa.gov/corporations to chat with a representative.



WASHINGTON
Secretary of State
Corporations & Charities Division

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

See website for overnight address by commercial carrier

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

THIS BOX FOR OFFICE USE ONLY

☐ No Filing Fee

☐ To Expedite Filing, Add \$100

COMMERCIAL REGISTERED AGENT

Termination Statement

[RCW 23.95.425](#)

The Termination will result in the Commercial Registered Agent being resigned from all represented business entities. The resignation will become effective 31 days from the date of filing or when a new Registered Agent is appointed

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 and correct.

I affirm that I will promptly furnish each entity represented by me a notice of this termination statement and include the 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 longer 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 Registered Agent's address.

Attention: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

(4) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person

Printed Name/Title

Date