

Nonrefundable Filing Fee:
Profit Corporation: \$25.00
Nonprofit Corporation: \$10.00
General Partnership: \$10.00
LLP: \$25.00
Limited Partnership: \$10.00
LLLP: \$10.00
LLC: \$25.00

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727



STATEMENT OF RESIGNATION OF REGISTERED AGENT

(Section 414-63, 414-439, 414D-73, 414D-279, 425-20, 425E-116, 428-109, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned registered agent certifies as follows:

1. Please check one:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Profit Corporation
(F/\$25/B15) | <input type="checkbox"/> Nonprofit Corporation
(F/\$10/B15) | <input type="checkbox"/> General Partnership
(F/\$10/B33) | <input type="checkbox"/> Limited Liability Partnership
(F/\$25/L34) |
| <input type="checkbox"/> Limited Partnership
(F/\$10/B34) | <input type="checkbox"/> Limited Liability Limited Partnership
(F/\$10/B34) | <input type="checkbox"/> Limited Liability Company
(F/\$25/L14) | |

2. The name and state/country of incorporation/formation or organization of the entity is:

_____ (Type/Print Entity Name) _____ (State or Country)

3. I am the current registered agent of the entity. My name and current registered office is:

Name: _____

Address: _____

4. The registered office of the entity is (check one):

discontinued; **OR** remains the same.

5. A copy of this statement shall be mailed to the above-named entity at its principal office **and** to its registered office, if not discontinued.

6. Notice is hereby given that I am resigning as the registered agent, to be effective on the thirty-first day after the filing of this statement in the office of the Director of Department of Commerce and Consumer Affairs.

I certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208 and 428-1302, Hawaii Revised Statutes, as applicable, that I have read the above statements, I am authorized to make this change, and that the above statements are true and correct.

Signed this _____ day of _____, _____

(Type/Print Name of Agent)

(Signature)

Office Held: _____
(If applicable)

SEE INSTRUCTIONS ON REVERSE SIDE. The statement must be signed by the registered agent.

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. The statement must be signed by the **registered agent**. If registered agent is an entity, an authorized official must sign. All signatures must be in **black ink**. Submit original statement together with the appropriate fee(s).

Execution:

If the registered agent is an **individual**, the individual must sign.
If the registered agent is a **corporation**, at least one officer of the corporation must sign.
If the registered agent is a **general partnership**, at least one general partner must sign.
If the registered agent is a **limited liability partnership**, at least one partner must sign.
If the registered agent is a **limited partnership**, at least one general partner must sign.
If the registered agent is a **limited liability limited partnership**, at least one general partner must sign.
If the registered agent is a **limited liability company**, at least one manager of a manager-managed company or at least one member of a member-managed company must sign.

Line 1. Check the appropriate box.

Line 2. State the full name and the state/country of incorporation/formation or organization of the entity.

Line 3. State the name and complete street address (including number, street, city, state, and zip code) of the resigning registered agent.

Line 4. Check whether the registered office will be discontinued or will remain the same. If discontinued, the registered office will be discontinued on the thirty-first day after this statement is filed.

Line 5. The resigning registered agent shall mail a copy of this statement to the entity at its principal office **and** another copy to its registered office, if not discontinued.

The resignation will be effective on the thirty-first day after this statement is filed in compliance with the Hawaii Revised Statutes, as amended.

Filing Fees: **Filing fees are not refundable.** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.

Profit Corporation (\$25)
Nonprofit Corporation (\$10)
General Partnership (\$10)
Limited Liability Partnership (\$25)
Limited Partnership (\$10)
Limited Liability Limited Partnership (\$10)
Limited Liability Company (\$25)

Dishonored Check Fee (\$25)

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).

Fax: (808) 586-2733 Email Address: breg@dcca.hawaii.gov

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.

ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION 92F-11, HRS)