



# COMMERCIAL REGISTERED AGENT STATEMENT OF TERMINATION

State Form 56364 (8-17)

Approved by State Board of Accounts, 2017

SECRETARY OF STATE  
BUSINESS SERVICES DIVISION  
302 West Washington Street, Room E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576  
[www.sos.in.gov](http://www.sos.in.gov)

- INSTRUCTIONS:
1. Use 8½" x 11" white paper for attachments.
  2. Please **TYPE** or **PRINT** in **INK**.
  3. Please visit our office on the web at [www.sos.IN.gov](http://www.sos.IN.gov)
  4. Make check or money order payable to the Secretary of State.
  5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

## INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

### RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number (     )	E-mail address (If different from above – SOS use only)	





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Indiana Code 23-0.5-4-5  
23-0.5-9-31

**FILING FEE: \$30.00**

The undersigned, desiring to terminate its listing as a commercial registered agent with the Secretary of State pursuant to the provisions of Indiana Code 23-0.5-4-5, executes the following Commercial Registered Agent Statement of Termination.

## ARTICLE I – REGISTERED AGENT INFORMATION

The name of the commercial registered agent

Commercial registered agent identification number

By filing this Commercial Registered Agent Statement of Termination, the registered agent is no longer in the business of serving as a commercial registered agent in Indiana.

## ARTICLE II – SIGNATURE

In Witness Whereof, the undersigned individual or duly authorized representative of the entity executes this Commercial Registered Agent

Statement of Termination and verifies, subject to penalties of perjury, that the statements contained herein are true,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature

Printed name

Title