

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# STATEMENT OF RESIGNATION OF REGISTERED AGENT

## For use by Noncommercial or Commercial Registered Agent

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

### NO FILING FEE

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

The registered agent identified below submits to the Secretary of State the following statement of resignation. The statement of resignation takes effect on the thirty-first day after the day on which it is filed with the Secretary of State office or upon appointment of a new registered agent which ever occurs first.

1. The name of the entity is \_\_\_\_\_  
\_\_\_\_\_

2. The name of the registered agent \_\_\_\_\_

3. The name and address of the person to which the agent will send notice to at the represented entity

Person Receiving Notice	Street Address	City	State	ZIP+4
-------------------------	----------------	------	-------	-------

4. The agent resigns from serving as the agent for service of process for the above stated entity.

The statement of resignation shall be signed by or on behalf of the agent.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

***By signing this form, you agree to have  
the form be processed electronically.***