

**MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES  
BUREAU OF COMMERCIAL SERVICES**

Date Received

**(FOR BUREAU USE ONLY)**

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Name

Address

City

State

Zip Code

EFFECTIVE DATE:

↶ Document will be returned to the name and address you enter above. ↷  
If left blank document will be mailed to the registered office.

**RESIGNATION OF RESIDENT AGENT**

**For use by resident agents of Corporations, Limited Partnerships and Limited Liability Companies**

(Please read information and instructions on reverse side)

*Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), Act 162, Public Acts of 1982 (nonprofit corporations), Act 213, Public Acts of 1982 (limited partnerships), or Act 23, Public Acts of 1993 (limited liability companies), the undersigned executes the following Certificate:*

1. The identification number assigned by the Bureau is:

2. I, \_\_\_\_\_, appointed as resident agent  
(Name of Resident Agent)

for \_\_\_\_\_  
(Name of Corporation, Limited Partnership, or Limited Liability Company)

tender my resignation as resident agent for said corporation, limited partnership, or limited liability company.

A written notice of this resignation has been filed with the president or a vice-president of the corporation, a general partner of the limited partnership, or a member or manager of the limited liability company as provided by law.

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

By \_\_\_\_\_  
(Signature of Resigning Resident Agent)

\_\_\_\_\_  
(Type or Print Name)

Preparer's Name \_\_\_\_\_

Business telephone number \_\_\_\_\_

### INFORMATION AND INSTRUCTIONS

1. The resignation cannot be filed until this form, or a comparable document, is submitted.
2. Submit one original of this document. Upon filing, the document will be added to the records of the Bureau of Commercial Services. The original will be returned to your registered office address, unless you enter a different address in the box on the front of this document.

Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

3. This document is to be used pursuant to Section 243 of Act 284, P.A. of 1972 or Act 162, P.A. of 1982; Section 105 of Act 213, P.A. of 1982; or Section 208 of Act 23, P.A. of 1993 by the resident agent, respectively, of a corporation, limited partnership, or limited liability company.

To resign, the resident agent is required to file a written notice of resignation with the Bureau and with:

- FOR CORPORATIONS:** the president or a vice-president.
- FOR LIMITED PARTNERSHIPS:** a general partner.
- FOR LIMITED LIABILITY COMPANIES:** a member or manager.

The resignation is effective upon the appointment of a successor resident agent or upon expiration of 30 days after receipt of the written notice of resignation by the Bureau, whichever first occurs.

4. **Profit corporations only:** Upon the resignation becoming effective, the business or residence address of the resigned agent shall no longer be the registered office of the corporation.
5. Item 1 - Enter the identification number assigned by the Bureau. If this number is unknown, leave it blank.
6. This document must be signed by the resigning resident agent.
7. **FEES:** Make remittance payable to the State of Michigan. Include name and identification number on check or money order.

**CORPORATIONS AND LIMITED PARTNERSHIPS ..... NO FEE REQUIRED**  
**LIMITED LIABILITY COMPANIES ..... \$5.00**

To submit by mail:  
 Michigan Department of Consumer & Industry Services  
 Bureau of Commercial Services  
 Corporation Division  
 7150 Harris Drive  
 P.O. Box 30054  
 Lansing, MI 48909

To submit in person:  
 6546 Mercantile Way  
 Lansing, MI  
 Telephone: (517) 241-6400

Fees may be paid by VISA or Mastercard when delivered in person to our office.

MICH-ELF (Michigan Electronic Filing System):

First Time Users: Call (517) 241-6420, or visit our website at <http://www.cis.state.mi.us/bcs/corp/>  
 Customer with MICH-ELF Filer Account: Send document to (517) 241-9845