

**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.

**CERTIFICATE OF TERMINATION OF ASSUMED NAME**

**For use by 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 corporation, limited partnership, or limited liability company in item one executes the following Certificate:*

1. The name of the corporation, limited partnership, or limited liability company is:

\_\_\_\_\_

2. The identification number assigned by the Bureau is:

3. The assumed name to be terminated is:

\_\_\_\_\_

4. The Certificate of Assumed Name filed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ is hereby terminated.

5. This document is hereby signed as required by the Act.

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

By \_\_\_\_\_  
(Signature)

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

(Limited Partnerships Only - Indicate Name of General Partner if the General Partner is a corporation or other entity)

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

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

### INFORMATION AND INSTRUCTIONS

1. The Certificate of Termination of Assumed Name 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 document be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

3. This Certificate is to be used by a corporation, limited partnership, or limited liability company for the purpose of terminating an assumed name.
4. Item 1 - The name is the name contained in the original, amended, or restated Articles of Incorporation, Certificate of Limited Partnership, or Articles of Organization. The name of a foreign corporation, limited partnership, or limited liability company is that name under which it obtained its authority to transact business or conduct affairs in Michigan.
5. Item 2 - Enter the identification number assigned by the Bureau. If this number is unknown, leave it blank.
6. The Certificate must be signed by:

**CORPORATIONS:** an authorized officer or agent.

**LIMITED PARTNERSHIPS:** a general partner.

**DOMESTIC LIMITED LIABILITY COMPANY:** a manager if management is vested in one or more managers; otherwise the signature of at least one member.

**FOREIGN LIMITED LIABILITY COMPANY:** a person with authority to do so under the laws of the jurisdiction of its organization.

7. **NONREFUNDABLE FEE:** Make remittance payable to the State of Michigan. Include name and identification number on check or money order.

**CORPORATION OR LIMITED PARTNERSHIP ..... \$10.00**  
**LIMITED LIABILITY COMPANY ..... \$25.00**

**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.