

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



COMMERCIAL REGISTERED AGENT TERMINATION STATEMENT

(Section 425R-6, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned commercial registered agent certifies as follows:

1. The name of the commercial registered agent, as currently listed is:

(Type/Print Name) State or Country, if an entity

2. The agent is no longer in the business of serving as a commercial registered agent in the State.

3. The commercial registered agent termination statement is to be effective on the thirty-first day after the filing of this statement in the office of the Director of Commerce and Consumer Affairs.

4. The commercial registered agent shall promptly furnish each entity represented by it with written notice of the filing of the commercial registered agent termination statement.

5. When the commercial registered agent termination statement takes effect, the registered agent ceases to be an agent for service of process on each entity formerly represented by it. Until an entity formerly represented by a terminated commercial registered agent appoints a new registered agent, service of process may be made on the entity as provided by law.

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. State the name of the commercial registered agent.

The termination of listing of a commercial registered agent will be effective on the thirty-first day after this statement is filed in compliance with the Hawaii Revised Statutes, as amended.

The commercial registered agent shall promptly furnish each entity represented by it with notice through a letter, email or other written form of its termination.

Filing Fees: *Filing fee (\$25) is not refundable.*

Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. 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)