



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

STATEMENT OF RESIGNATION OF REGISTERED AGENT

(Section 414-63, 414-439, 414D-73, 414D-279, 425-20, 425E-116, 428-109, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned registered agent certifies as follows:

- The entity represented by the registered agent is: (please check one)
 - Profit Corporation Nonprofit Corporation General Partnership Limited Liability Partnership
 - Limited Partnership Limited Liability Limited Partnership Limited Liability Company
 - Other: _____

- The name and state/country of incorporation/formation or organization of the represented entity is:

(Type/Print Entity Name) (State or County)

- I am the resigning registered agent of the entity.

Name of Agent: _____

- Under HRS 425R-10, the resigning registered agent must furnish written notice of the filing of the resignation statement. The name and address of the person to which the agent will send the required notice of resignation to is:
 - a. Name: _____
 - b. Address: _____

- Notice is hereby given that I am resigning as the registered agent for service of process for the entity. The statement of resignation takes effect on the earlier of the thirty-first day after the filing of this statement in the office of the Director of Department of Commerce and Consumer Affairs or the appointment of a new registered agent for the represented entity.

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)

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. The statement must be signed by the **registered agent**. If the 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 general 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 manger-managed company or at least one member of a member-managed company must sign.

Line 1. Check the appropriate box that applies to the represented entity.

Line 2. State the full name and the state/country of incorporation/formation or organization of the entity.

Line 3. State the name of the resigning registered agent.

Line 4. State the name and address of the person to which the agent will send notice to the above-named entity.

a. State the name of the person.

b. State the complete address of the person.

The resignation will be effective on the thirty-first day after this statement is filed or when a new registered agent is appointed for the represented entity in compliance with the Hawaii Revised Statutes, as amended.

The registered agent shall promptly furnish the represented entity with notice through a letter, email, or other written form of its resignation.

Filing Fees: Filing fee (\$25) is not refundable. (200 or less affected entities, the filing fee is \$25 each. 201 or more affected entities, the filing fee is \$1 each.)

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)