



STATE OF MONTANA

Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

STATEMENT of RESIGNATION of REGISTERED AGENT
[35-7-111, MCA](#)

MAIL: Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Folder ID Number: _____
The folder number begins with a "D, F, C, E" or "L" and may be referenced at <https://www.mtsosfilings.gov>.

Required Filing Fee: None

- 24 Hour Priority Handling check box and **Add \$ 20.00**
- 1 Hour Expedite Handling check box and **Add \$100.00**

(This space for Secretary of State use only)

If the document is hand written, please print legibly or the application may be denied.

1. The name of the represented entity:

2. The name of the registered agent: _____

3. The name and address of the person to which the registered agent will send notification of their resignation:
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

- 4. The registered agent resigns from serving as agent for service of process for the above-listed entity.
- 5. A statement of resignation takes effect on the earlier of the 31st day after the day on which it is filed or the appointment of a new registered agent for the represented entity.
- 6. When a statement of resignation takes effect, the registered agent ceases to have responsibility for any matter tendered to it as agent for the represented entity.
- 7. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature of Registered Agent or Authorized Agent _____
Date

Printed Name _____
Title

8. Daytime Contact: Phone _____ Email _____