State of Alaska
Division of Corporations, Business and Professional Licensing
**CORPORATIONS SECTION**
PO Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2550
Fax: (907) 465-2974
Website: www.commerce.alaska.gov/occ

# REGISTERED AGENT NOTICE OF RESIGNATION

## All Entity Types

**AS 10.06.170, 10.15.030, 10.20.041, 10.25.490, 10.45.240, 10.50.063**

**Filing Fee: $25.00 (non-refundable)**

**INSTRUCTIONS *(Please retain for your records)***

**Pursuant to Alaska Statutes 10.06.170, 10.15.030, 10.20.041, 10.25.490, 10.45.240, or 10.50.063, the registered agent may, at any time, resign as registered agent for any entity by submitting to this office a notice of resignation.**

**ITEM 1**: Provide the name of the entity currently on record and the Alaska Entity Number.

**ITEM 2**: Provide the latest physical and mailing address of the entity.

**ITEM 3**: Provide the names, addresses, and titles of the most recent officials.

**ITEM 4**: Provide registered agent signature, printed name, and, if the registered agent is a corporation, the name of the corporation.

**NOTE**: By signing this document, the agent acknowledges that the effective date of the resignation is thirty (30) days after the receipt of this notice, unless the entity appoints a successor agent within those thirty days.

Mail the Notice of Resignation and the non-refundable $25.00 filing fee in U.S. dollars to:
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

**STANDARD PROCESSING TIME** for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.

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DO NOT STAMP ABOVE THIS BOX

Office Use Only **CORP**

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**All Entity Types**
**AS 10.06.170, 10.15.030, 10.20.041, 10.25.490, 10.45.240, 10.50.063**

☐ **$25.00 Filing Fee (non-refundable)**

Pursuant to Alaska Statutes 10.06.170, 10.15.030, 10.20.041, 10.25.490, 10.45.240, or 10.50.063, I hereby give my notice of resignation as registered agent for:

**ITEM 1**: Name of the Entity: Alaska Entity #:

| | |
|---|---|
| | |

**ITEM 2**: The latest address of the entity's principal office known to me is:

| |
|---|
| Physical address: |
| Mailing address: |

**ITEM 3**: The names, addresses, and titles of the most recent officials known to me are:

| Title | Name | Mailing address | City | State | ZIP code |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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Attach an additional sheet if necessary.

**ITEM 4**: I understand that the effective date of the resignation is thirty (30) days after the receipt of this notice unless the entity appoints a successor agent within those thirty days.

| | | | |
|---|---|---|---|
| | | | |
| Signature of Registered Agent | Printed Name | Name of corp. signatory represents | Date |

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# CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE**: this form will not be filed for record or appear online.

Name of entity as it appears on filing:

| |
|---|
| |

To resolve questions with this filing, contact:

| | |
|---|---|
| Name: | |
| Email: | Phone: |
| Mailing address: | |

Return documents to:

| |
|---|
| Name: |
| Company: |
| Mailing address: |

Attach this form to your filings. Send all documents to:
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

**STANDARD PROCESSING TIME** for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.