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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☐ **$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

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

Mail the Notice of Resignation and the non-refundable $25.00 filing fee in U.S. dollars to:
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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

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