

**Form BCA-5.15  
NFP 105.15**

(Rev. Jan. 2003)

**Notice of Resignation of  
Registered Agent**

File #:

**SUBMIT ONE ORIGINAL**

Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 328  
Springfield, IL 62756  
217-782-7808  
www.cyberdriveillinois.com

This space for use by Secretary of State.

This space for use by  
Secretary of State.

Date:

Filing Fee: \$5

Approved:

Payment must be made by check or money order  
payable to Secretary of State.

1. Corporation Name: \_\_\_\_\_

2. Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State:

Registered Agent: \_\_\_\_\_  
First Name Middle Name Last Name

Registered Office: \_\_\_\_\_  
Number Street Suite # (P.O. Box alone is unacceptable)  
City ZIP Code County

3. Effective Date of Resignation: \_\_\_\_\_  
(Not less than 30 days after its filing by the Secretary of State.)

4. Address of Principal Office of Corporation known to the Registered Agent:

Number Street Suite # (P.O. Box alone is unacceptable)  
City ZIP Code County

5. A copy of this notice has been sent to the principal office of the corporation at least 10 days prior to the date of its filing with the Secretary of State.

6. The undersigned affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated \_\_\_\_\_, \_\_\_\_\_  
Month & Day Year

by \_\_\_\_\_  
Signature of Principal Officer

by \_\_\_\_\_  
Signature of Registered Agent

by \_\_\_\_\_  
Name (type or print)

by \_\_\_\_\_  
Name (type or print)

**NOTE: If the registered agent is an individual, this notice must be signed by the registered agent.  
If the registered agent is a corporation, this notice must be signed by a principal officer.**

