

FORM **BCA 5.15**
NOTICE OF RESIGNATION OF
REGISTERED AGENT
Business Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-7808
www.ilsos.gov

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

Filing fee \$5

File # _____ Approved: _____

----- **Submit in duplicate** ----- **Type or Print clearly in black ink** ----- **Do not write above this line** -----

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 #
IL
City ZIP Code

3. Effective date of resignation: The agent resigns effective the 30th day after filing by the Secretary of State.
 Another date not less than 30 days after the filing by the Secretary of State.
_____. (See Note 1.)
Month/Day/Year

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

Number Street Suite #

City State ZIP Code

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 (See Note 3.)

by _____
Signature of Registered Agent (See Note 2.)

by _____
Name (type or print)

by _____
Name (type or print)

NOTE: 1. Add additional time if mailing the form.
2. If registered agent is an individual, this notice shall be signed by the registered agent.
3. If registered agent is a business entity, this notice shall be signed by a principal officer, or as authorized by the governing statute.