



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Resignation of Registered Agent

(PURSUANT TO NRS 77.370)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Registered Agent:

2. Resigning agent may list entity(ies) below or write "see attached list" in area below and attach a spreadsheet. The entities must be in **alphabetical order** with required information provided.

Represented Entity Name	Entity Number or Nevada Business Identification Number (NVID):	Represented Entity Name	Entity Number or Nevada Business Identification Number (NVID):

3. The above named registered agent resigns from serving as agent for service of process for the above entity(ies), and has sent notice required by NRS 77.370 subsection 3.

X

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

FEE: \$100.00 for the first entity and **\$1.00** for each additional entity. (NRS 77.280)



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Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing
Service Requested: ☐ Regular ☐ 24-Hour Expedite (additional fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

Return Delivery: (email or fax options do not receive a copy via mail; must be ordered separately)

☐ Email to:

☐ Fax to:

☐ Hold for Pick Up

☐ Mail to Address Above

☐ FedEx: Acct #

☐ Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

☐ Check/Money Order

☐ Credit Card (attach ePayment checklist)

☐ Trust Account:

☐ Use balance remaining in job #



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ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- ☐ Regular ☐ 24-HOUR Expedite ☐ 4-HOUR Expedite (Apostille only)
☐ 2-HOUR Expedite ☐ 1-HOUR Expedite ☐ Same Day (Domestic Partnership only)

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge: _____

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ Date: _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code*: _____
*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

All 3 fields **MUST** be completed!
This section will be destroyed after the payment is processed.