

THIS STATEMENT IS A PUBLIC RECORD

STATEMENT OF WITHDRAWAL FROM PARTNERSHIP

TUOLUMNE COUNTY CLERK & AUDITOR-CONTROLLER
2 SOUTH GREEN STREET
SONORA, CA 95370
(209) 533-5573

FILING FEE: \$26.00

PLEASE PRINT **LEGIBLY**, IN DARK INK OR TYPE.
SEE REVERSE SIDE FOR INSTRUCTIONS.

STATEMENT OF WITHDRAWAL FROM PARTNERSHIP OPERATING UNDER FICTITIOUS BUSINESS NAME

THE FOLLOWING PERSON(S) HAS/HAVE WITHDRAWN AS GENERAL PARTNERS FROM THE PARTNERSHIP OPERATING UNDER THE FICTITIOUS BUSINESS NAME(S):

1) Fictitious Business Name(s)		Phone Number:	
A: _____	C: _____		
B: _____	D: _____		
2) Street Address of Principal Place of Business (P.O. Box not acceptable)		City	State
			Zip Code:
Name of Registrant (Person, Corporation or LLC name)		Corp or LLC show Registration State	
3) Last: _____	First: _____		
Residence Address and P.O. Box		City:	State:
			Zip Code:
Name of Registrant (Person, Corporation or LLC name)		Corp or LLC show Registration State	
4) Last: _____	First: _____		
Residence Address and P.O. Box		City:	State:
			Zip Code:
Name of Registrant (Person, Corporation or LLC name)		Corp or LLC show Registration State	
5) Last: _____	First: _____		
Residence Address and P.O. Box		City:	State:
			Zip Code:
6) The fictitious business name referred to above was filed on (Date): _____ in the County of Tuolumne			
Original File # _____			
7) CHECK ONLY ONE	<input type="checkbox"/> an individual	<input type="checkbox"/> joint venture	<input type="checkbox"/> a limited partnership
This business is conducted by:	<input type="checkbox"/> o cttlqf "eqw rg	<input type="checkbox"/> a corporation	<input type="checkbox"/> a general partnership
	<input type="checkbox"/> co-partners	<input type="checkbox"/> a business trust	<input type="checkbox"/> limited liability company
			<input type="checkbox"/> an unincorporated association other than a partnership
			<input type="checkbox"/> other _____
I declare that all information in this statement is true and correct. (A registrant who declares as true information, which he or she knows to be false, is guilty of a crime)			
8) IF REGISTRANT IS NOT A CORPORATION SIGN BELOW		9) CORPORATIONS AND LLCS, ONLY	
Signature _____	Type or Print Name _____	Corporation or Company Name _____	
Signature _____	Type or Print Name _____	Signature of Officer and Title _____	
Signature _____	Type or Print Name _____	Type or Print Name _____	

WHEN FILING BY MAIL, PROVIDE SELF ADDRESSED STAMPED ENVELOPE FOR OFFICE USE ONLY

CERTIFICATION: I hereby certify that the foregoing is a correct copy of the original on file in my office.
DEBORAH BAUTISTA, County Clerk & Auditor-Controller. By: _____ Deputy