



**DEBORAH COOPER
CONTRA COSTA CLERK-RECORDER
555 ESCOBAR STREET
MARTINEZ, CA 94553
(925) 335-7900**

This space for Clerk's use only

ID Checked Received by Mail

FILING FEE: \$30.00

FILE NUMBER WITHDRAWING FROM:

STATEMENT OF WITHDRAWAL FROM PARTNERSHIP OPERATING UNDER FICTITIOUS BUSINESS NAME

* The person(s) listed below has (have) withdrawn as a general partner(s) from the partnership operating under the Fictitious Business Name(s) of:

** Street Address (No PO Box, Postal Facility or PMB)				Mailing Address If Different		
City	State	Zip Code	County	City	State	Zip Code
REGISTRANT NAME & ADDRESS				REGISTRANT NAME & ADDRESS		
**** Name:				**** Name:		
Street Address (No PO Box, Postal Facility or PMB)				Street Address (No PO Box, Postal Facility or PMB)		
City, State & Zip Code				City, State & Zip Code		
REGISTRANT NAME & ADDRESS				REGISTRANT NAME & ADDRESS		
**** Name:				**** Name:		
Street Address (No PO Box, Postal Facility or PMB)				Street Address (No PO Box, Postal Facility or PMB)		
City, State & Zip Code				City, State & Zip Code		

***** This business was conducted by:

- | | | |
|------------------|--|---|
| An Individual | A General Partnership | A Limited Liability Company, State of Organization: _____ |
| A Married Couple | A Limited Partnership | A Corporation, State of Incorporation: _____ |
| Copartners | A Trust | A Limited Liability Partnership: _____ |
| Joint Venture | State/Local Registered Domestic Partners | An Unincorporated Association other than a partnership |

*** The Fictitious Business Name was filed in CONTRA COSTA COUNTY on

(Month/Day/Year or N/A)

I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

Print Name of Registrant. If Corporation or LLC, also print title of Officer/Manager.

Signature of Registrant/Corporation Officer/LLC Officer, Manager or Managing Member

CERTIFICATION

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

BY: _____ DEPUTY CLERK

INSTRUCTIONS FOR COMPLETION OF FORM AND INFORMATION —REVISED 01/01/2014

* Where one asterisk appears in the form:

Insert the fictitious business name or names.

Only those businesses names shown on the original fictitious business name statement may be listed on the abandonment form.

** Where two asterisks appear in the form:

Insert address (es) of business (es) as shown on original filing.

Mail box and post office box numbers are NOT acceptable as a business address when used alone without a street address.

***Where three asterisks appear in the form:

Insert the original date of filing of the fictitious business name and the file number as shown on the original filing.

****Where four asterisks appear in the form:

Insert the name (s) of the registered owner (s) as shown on the original filing.

- (a) If an **individual**, full name and residence address of the individual
- (b) If a **married couple**, the full names and residence addresses of both parties to the marriage
- (c) If a **general partnership**, a **limited partnership**, **copartners**, a **limited liability partnership**, a **joint venture**, or an **unincorporated association other than a partnership**, the full names and residence addresses of all of the general partners
- (d) If a **corporation**, the name and address of the corporation as set forth in it's articles of incorporation on file with the California Secretary of State
- (e) If a **trust**, the full name and residence address of each of the trustees
- (f) If a **limited liability company**, the name and address of the limited liability company as set forth in it's articles of organization on file with the California Secretary of State
- (g) If state or local **registered domestic partners**, the full name and residence address of each domestic partner

*****Where five asterisks appear in the form:

- (a) Check the box indicating how the business was being conducted as shown on the original filing.

SIGNATURE

Business and Professions Code 17914

The statement shall be signed as follows:

- (a) If the registrant is an **individual**, by the individual
- (b) If the registrants are a **married couple**, by either party
- (c) If the registrant is a **general partnership**, **limited partnership**, **limited liability partnership**, **co-partnership**, **joint venture**, or **unincorporated association other than a partnership**, by the general partner
- (d) If the registrant is a **limited liability company**, by a manager or officer –indicate his/her title, an agent is not acceptable
- (e) If the registrant is a **trust**, by a trustee
- (f) If the registrant is a **corporation**, by an officer –indicate his/her title
- (g) If the registrant is a **state registered domestic partnership**, by one of the domestic partners

PUBLICATION REQUIREMENT

Business and Professions Code 17922 (a)

Upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five (5) years, a registrant who has filed a Fictitious Business Name Statement shall file a Statement of Abandonment of use of Fictitious Business Name. The statement of abandonment shall be executed in the same manner as a Fictitious Business Name Statement, excluding the requirements of subdivisions (d), (e), and (f) of Section 17913 and shall be filed with the County Clerk of the county in which the registrant has filed his or her Fictitious Business Name Statement. The statement shall be published in the same manner as a Fictitious Business Name Statement and an affidavit showing it's publication shall be filed with the County Clerk after the completion of publication.