



FORM **13R**
Mandatory

RESIGNATION OF REGISTERED AGENT
Sec. 178.0910, 179.0119, 180.0503, 181.0503 or 183.0117, Wis. Stats.

1. Name of the entity (including its registered or fictitious name, if so licensed):

2. Address of the entity's principal office, if any, or an alternative address to which the agent will provide the entity with written notice of this resignation:

Street Address		PO Box	
City	State/Province	Country	Zip/Postal Code

3. Name of the registered agent who is resigning:

4. Address of the registered office:

Street Address		PO Box	
City	State/Province	Zip/Postal Code	

5. The undersigned person resigns from serving as registered agent for the entity identified in paragraph 1.

6. The undersigned person agrees to promptly send notice of this resignation and the date of its filing to the entity at the address provided in paragraph 2.

7. **Effective date.** This resignation will become effective on the earlier of the following:

- (1) 60 days after it is received by the Department for filing.
- (2) The effective date of the appointment of a successor registered agent for the entity.

8. Executed on _____ (Date) _____ (Printed Name of the Registered Agent)

If Agent is an Individual ► BY: _____ (Signature)

If Agent is an Entity ► FOR THE REGISTERED AGENT

BY: _____ (Signature)

Contact Information:

Name

Mailing Address

City	State	Zip Code
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Email Address	Phone Number
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INSTRUCTIONS (Refer to sections [178.0910](#), [179.0119](#), [180.0503](#), [181.0503](#) or [183.0117](#), Wis. Stats., as applicable, for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the \$10.00 filing fee, payable to the Department of Financial Institutions. (If sent by express or priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705.) If requesting optional expedited service, please check the expedited service box in the upper-right corner of the first page and include an additional \$25.00. Filing fees are non-refundable. This document can be made available in alternate formats upon request to qualifying individuals with disabilities. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577 (hearing-impaired may call 711 for TTY) or by email at DFICorporations@dfi.wisconsin.gov.