

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU								
Date Received	(FOR BUREAU USE ONLY)							
	This document is effective on the date filed, unle subsequent effective date within 90 days after redate is stated in the document.							
Name								
Address								
City	State ZIP	P Code EFFECTIVE DATE:						
Document will be returned to the name and address you enter above. If left blank, document will be returned to the registered office.								
CERTIFICATE OF TERMINATION OF REGISTRATION OF CORPORATE NAME For use by Foreign Corporations (Please read information and instructions on the last page)								
Pursuant to th	e provisions of Act 284, Public Acts of 1972,	the undersigned execute the following Certificate:						
1. The name of the corpora	ition is:							
2. The identification number	r assigned by the Bureau is:							
3. The mailing address of the	ne corporation is:							
4. The jurisdiction of its inco	orporation is:	_						
The date it was incorpora	ated in that jurisdiction is:							
The Registration of Corp is hereby terminated.	oration Name filed on the c	day of,						
Signed th	is day of	· , · · · · · · · · · · · · · · · · · ·						
Ву	(Signatur	re)						
(Gigitatule)								

(Type or Print Name)

CSCL/CD-546 (Rev. 09/21)								
Preparer's Name	_							
Business Telephone Number ()	_							
INFORMATION ANI	D INSTRUCTIONS							
 This form may be used to draft your Certificate of Termination of Registration of Corporate Name. A document required or permitted to be filed under the act cannot be filed unless it contains the minimum information required by the act. The format provided contains only the minimal information required to make the document fileable and may not meet your needs. This is a legal document and agency staff cannot provide legal advice. 								
 Submit one original of this document. Upon filing, the document will be added to the records of the Corporations, Securities & Commercial Licensing Bureau. The original will be returned to your registered office address unless you enter a different address in the box on the front of this document. 								
Since this document will be maintained on electronic format, it is imwhite contrast, or otherwise illegible, will be rejected.	nportant that the filing be legible. Documents with poor black and							
This Certificate is to be used pursuant to Section 1056 of Act 284, foreign profit corporation.	This Certificate is to be used pursuant to Section 1056 of Act 284, P.A. of 1972, to terminate a corporate name registered by a foreign profit corporation.							
4. Item 2 - Enter the identification number assigned by the Bureau. If	this number is unknown, leave it blank.							
5. The Certificate must be signed by an authorized officer or agent of	the corporation.							
NONREFUNDABLE FEES: Make remittance payable to the State on check or money order								
Submit with check or money order by mail: Michigan Department of Licensing and Regulatory Affairs	To submit in person: 2407 N Grand River Ave							
Corporations, Securities & Commercial Licensing Bureau Corporations Division	Lansing, MI 48906 Telephone: (517) 241-6470							
P.O. Box 30054 Lansing, MI 48909	Fees may be paid by check, money order, VISA, MasterCard, American Express, or Discover when delivered in person to our office.							
COFS (Corporations Online Filing System):								
This document may be completed and submitted online at www.mich	iigan.gov/corpfileonline.							

Fees may be paid by VISA, MasterCard, American Express, or Discover.

Document that are endorsed filed are available at www.michigan.gov/corpentitysearch. If the submitted document is not fileable, the notice of refusal to file, and document will be available at the Rejected Filings Search website at www.michigan.gov/corprejectedsearch.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

CSCL/CD-272 (01/21)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU CORPORATIONS DIVISION P.O. BOX 30054

LANSING, MI 48909-7554 (517) 241-6470

OPTIONAL

EXPEDITED SERVICE REQUEST

If yo	uctions: u choose to use expedited service n expedited service is being requeste		Service Request for	m for each document su	bmitted o	online, in person, or by m	ail for
Ехре	edited fees are in addition to the s	tandard document fees and du	e when document	is submitted. Expedite	d fees a	re not refundable.	
Expe	S (Corporations Online Filing System dited service can be requested when for documents submitted online ma	n submitting a document online.	You can access the or Discover.	online forms at www.mi	chigan.g	ov/corpfileonline.	
	ıments that are endorsed filed are av document will be available at the Rej				not fileat	ole, the notice of refusal t	o file
	ments submitted by mail are deliver of receipt for mailed expedited ser					ations Division for review.	
	P	Please initial the appropriate	e box for the leve	el of service request	ed		
٠ اما د.	aittana lufannastian.	1 Hour 2 Hour	Same Day	y 24 Hour			
	nitters Information:						
Com	pany Name (if applicable)						
Telep	Felephone			nitting this request			
()						
Docu	ment Information:						
Nam	e of Corporation, LLC or Limited Par	tnership				ID Number (existing en	ıtitv)
		'				, ,	3,
Туре	of document (articles, amendment,	etc.)					
	Expedited Service Level	Fees	Ту	pe of Document	De	adline for receipt of do	cument
	1 Hour, same day	\$1,000.00		Any		4:00 PM EST or ED	Γ
	2 Hour, same day	\$500.00		Any		3:00 PM EST or ED	Γ
	Same day	\$100.00	Form	nation/qualification		1:00 PM EST or ED	Γ
		\$200.00	For A	Any Existing Entity		1:00 PM EST or ED	Γ
	24 Hours	\$50.00	Form	nation/qualification			
		\$100.00	For A	Any Existing Entity			
		BUR	EAU USE ONLY				
	Agency Account	Amount	Da	te/Time Received	R	eceipt Num:	
	Profit Corporation (6813)						
							<u>-</u>
Limited Liability Company (6814) Nonprofit Corporation (6815) Limited Partnership (6816)						Check Num:	