

PLEASE RETURN FILED COPIES TO:

NAME

MAILING ADDRESS

CITY STATE ZIP

PHONE NUMBER

STATEMENT OF WITHDRAWAL FROM PARTNERSHIP OPERATING UNDER A FICTITIOUS BUSINESS NAME

THE FICTITIOUS BUSINESS NAME FOR THE PARTNERSHIP WAS FILED IN SAN LUIS OBISPO COUNTY ON:

FILE NUMBER:

THE FOLLOWING PERSON(S) HAVE/HAS WITHDRAWN AS A GENERAL PARTNER(S) FROM THE PARTNERSHIP UNDER THE FICTITIOUS BUSINESS NAME OF:

STREET ADDRESS, CITY, STATE AND ZIP OF PRINCIPAL PLACE OF BUSINESS:

COUNTY OF PRINCIPAL PLACE OF BUSINESS:

THE FULL NAME(S) AND RESIDENCE ADDRESS(ES) OF THE WITHDRAWING PARTNER(S) ARE AS FOLLOWS:

1. FULL NAME AS LISTED ON FICTITIOUS BUSINESS STATEMENT:

2. FULL NAME AS LISTED ON FICTITIOUS BUSINESS STATEMENT:

RESIDENCE ADDRESS:

RESIDENCE ADDRESS:

CITY, STATE, ZIP:

CITY, STATE, ZIP:

3. FULL NAME AS LISTED ON FICTITIOUS BUSINESS STATEMENT:

4. FULL NAME AS LISTED ON FICTITIOUS BUSINESS STATEMENT:

RESIDENCE ADDRESS:

RESIDENCE ADDRESS:

CITY, STATE, ZIP:

CITY, STATE, ZIP:

THIS BUSINESS IS CONDUCTED BY:

- A GENERAL PARTNERSHIP
- A LIMITED LIABILITY PARTNERSHIP
- A LIMITED PARTNERSHIP
- COPARTNERSHIP
- JOINT VENTURE
- STATE OR LOCAL REGISTERED DOMESTIC PARTNERSHIP

I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT.

(A REGISTRANT WHO DECLARES AS TRUE ANY MATERIAL MATTER PURSUANT SECTION 17913 OF THE BUSINESS & 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))

SIGNATURE OF EACH WITHDRAWING PARTNER(S)

PRINTED NAME OF EACH WITHDRAWING PARTNER(S).

THIS STATEMENT WAS FILED WITH THE COUNTY CLERK OF SAN LUIS OBISPO COUNTY ON THE DATE INDICATED IN THE UPPER RIGHT CORNER

CERTIFICATION

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN THE OFFICE OF THE COUNTY CLERK RECORDER

BY: _____ DEPUTY CLERK

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