

Elaine F. Marshall, Secretary of State

Liaison Resignation Statement 2019 NO REGISTRATION FEE REQUIRED

Statement of Resignation

Signature of Prenarer	(If Other Than Liaison)	Printed Name of Prenarer	
	Preparer Information	ı	
Mailing address:			
-			
•	Fax #: _		
my new contact information	is:		
The contact information on r	my registration statement has char	nged. As of	2019,
Signature of Liaison			Date
	mpliance Division prior to the repo		
	ding any required reporting period (a). Questions about the file date for		
	t file an expense report for every		
	(Print name of State	Agency)	
State Agency			,
(1 1111 1141110 01			
Print name of	Liaison)	hereby resign as a	a ilaison for the
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