

Form 508**(Revised 05/11)**

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX 512 463-5709
Instructions
Filing Fee: \$15



This space reserved for office use.

**Notice of Withdrawal
of Entity Name
Registration****Registration Information**

The undersigned files this notice of withdrawal of the name registration for the following name:

The date of filing of the registration being withdrawn is: _____

mm/dd/yyyy

The file number of the registration being withdrawn is: _____

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: _____

Signature and title of authorized person