

Please  
Do Not  
Staple



KANSAS SECRETARY OF STATE  
**Certificate of Resignation of Resident  
Agent Without Appointing a Successor**

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

# GENERAL FILING INSTRUCTIONS

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this document is <b>\$35</b> for a single for-profit covered entity or <b>\$20</b> for a single not-for-profit covered entity. The filing fee is <b>\$150</b> for multiple entities (refer to instructions on RAN-I form).
<input type="checkbox"/> <b>Payment</b>	<p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. <b>Please do not send cash.</b></p> <p><b>NOTICE: There is a \$25 service fee for all checks returned by your financial institution.</b></p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p><b>Credit card number</b> _____</p> <p><b>Billing zip code</b> _____ <b>Expiration date</b> _____</p>
<input type="checkbox"/> <b>Daytime phone</b>	_____
<input type="checkbox"/> <b>Fax filing available</b>	<p>Documents may be fax filed for a processing fee of <b>\$20 in addition</b> to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to <b>Business Services, 785-296-4570</b>. Faxed documents will receive that day's file date if they are without errors and received prior to 4 PM CST.</p> <p>Processed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day activation or return faxing.</p>
<input type="checkbox"/> <b>No duplicate copies</b>	Please do not send duplicate copies of your document. The original is processed and returned to you by mail.
<input type="checkbox"/> <b>No email</b>	We cannot accept any filings by email, except for the MA mailing address change form.
<input type="checkbox"/> <b>No filing by phone</b>	No documents or reports can be filed with our office by phone.
<input type="checkbox"/> <b>Public information</b>	All documents filed with our office are available to the public and may be viewed online at <a href="http://www.sos.ks.gov">www.sos.ks.gov</a> without cost. Please consider this when providing information on our forms. Instructions and payment information are not public information and are shredded after use.

Please  
Do Not  
Staple



# RAN FORM INSTRUCTIONS

## Question on Form

<b>1. and 2. Business entity ID number/name of covered entity</b>	List the business entity ID number (not the FEIN) and exact name of the business entity as it appears in the Secretary of State database. If filing resignations for more than one entity, answer questions 1 and 2 with "see attached" and include an attached page listing the business entity ID numbers and the exact names of the business entities as they appear in the Secretary of State database.
<b>3. Resigning resident agent name</b>	The resigning resident agent name must exactly match the name of the resident agent currently on file with the Secretary of State for the entity they are resigning from.
<b>5. Date notice was mailed or delivered</b>	This is the date notice was given to each affected covered entity. This date must be 30 days prior to the filing of this certificate with the office of the Secretary of State.
<b>6. Resident agent's resignation effective date</b>	Per K.S.A. 17-7929, the resident agent continues to serve as the resident agent for 30 days after the certificate of resignation is filed in the office of the Secretary of State. If any covered entity that received timely notice of resignation fails to obtain and designate a new resident agent within 60 days after the filing of the resignation with the office of the Secretary of State, the Secretary of State shall declare the entity's organizing documents forfeited.
<b>7. Signature</b>	The certificate of resignation of resident agent must be signed by either the resident agent or an authorized representative of the resident agent.

Please  
Do Not  
Staple



KANSAS SECRETARY OF STATE  
**Certificate of Resignation of Resident Agent Without Appointing a Successor**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

THIS SPACE FOR OFFICE USE ONLY.

**Return file-stamped document to (name and address):**

Pursuant to the provisions of K.S.A. 17-7929, the undersigned resident agent for service of process hereby resigns as resident agent in the state of Kansas for one or more of the following covered entities:

**1. Business entity ID number:**  
Not Federal Employer ID Number (FEIN).

**2. Name of covered entity:**  
Must match name on file with Secretary of State.

**3. Resigning resident agent name:**  
(17-7929(a))  
Must match name currently on file with Secretary of State for above entity.

**4. Written notice of resignation was given to each affected covered entity at least 30 days prior to the filing of this certificate by mailing or delivering such notice to the covered entity at its address last known to the resident agent.**  
(17-7929(a))

**5. Date such notice was mailed or delivered to the covered entity:**  
(17-7929(a))

Month	Day	Year
-------	-----	------

Required: This certificate cannot be filed with the office of the Secretary of State until 30 days after written notice was mailed or delivered to all affected covered entities.

**6. The resident agent's resignation shall not become effective until 30 days after this certificate is filed with the office of the Kansas Secretary of State.**

**7. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.** (17-7909)

Signature of Resigning Resident Agent /Authorized Representative (17-7929) X	Name of Signer (printed or typed)
---	-----------------------------------