

NAME

ADDRESS

CITY/ST/ZIP

DAYTIME PHONE ()

TOM DALY
COUNTY CLERK-RECORDER
630 N. BROADWAY RM. 106
POST OFFICE BOX 238
SANTA ANA, CA 92702-0238

REMINDER:

1. Submit original.
2. Filing fee \$23.00.
3. Please provide self-addressed, stamped return envelope, if mailed.

**THIS STATEMENT WAS FILED
WITH THE COUNTY CLERK-RECORDER
ON THE DATE INDICATED ABOVE.**

**STATEMENT OF WITHDRAWAL FROM PARTNERSHIP
OPERATING UNDER FICTITIOUS BUSINESS NAME**

To ensure a prompt and accurate record of your filing, type or print in black ink only.

The following person has withdrawn as a general partner from the partnership operating under

fictitious business name of _____

at _____
(STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS AS SHOWN ON ORIGINAL FILING)

_____ CITY STATE ZIP CODE

The Fictitious Business Name referred to above was filed in Orange County on _____

FILE NO. _____

Full Name and Address of the Person Withdrawing:

_____ FULL NAME

_____ RESIDENCE ADDRESS

_____ CITY STATE ZIP CODE

Signature _____
(Signature of withdrawing partner)

I declare that all information in this statement is true and correct.
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)