



CHUCK STOREY
IMPERIAL COUNTY CLERK-RECORDER
940 W. MAIN STREET, SUITE 202
EL CENTRO, CA 92243

Phone: (442) 265-1076 Fax: (442) 265-1091

www.recorder.imperialcounty.org

FILING FEE: \$35.00 - \$5.00 per each additional Business Name and/or Registrant Owner.

ACTIVE FBN FILE #:

STATEMENT OF WITHDRAWAL FROM PARTNERSHIP OPERATING UNDER FICTITIOUS BUSINESS NAME

The following person(s) has (have) withdrawn as a general partner(s) from the partnership operating under the Fictitious Business Name(s) of:

Street Address (No PO Box, Postal Facility or PMB)

Mailing Address If Different

City

State

Zip Code

City

State

Zip Code

Phone Number

IF FILING IS DONE BY **OTHER THAN REGISTRANT**,
PLEASE PROVIDE NAME AND ADDRESS.

Agent Name

Address

REGISTRANT WITHDRAWING NAME & ADDRESS

REGISTRANT WITHDRAWING NAME & ADDRESS

A. Name (Individual, Corp., LLC, General Partner, Trustee):

B. Name (Individual, Corp., LLC, General Partner, Trustee):

Registrant Street Address (No PO Box, Postal Facility or PMB)

Registrant Street Address (No PO Box, Postal Facility or PMB)

City, State & Zip Code

City, State & Zip Code

REGISTRANT WITHDRAWING NAME & ADDRESS

REGISTRANT WITHDRAWING NAME & ADDRESS

C. Registrant Name (Individual, Corp., LLC, General Partner, Trustee):

D. Registrant Name (Individual, Corp., LLC, General Partner, Trustee):

Registrant Street Address (No PO Box, Postal Facility or PMB)

Registrant Street Address (No PO Box, Postal Facility or PMB)

City, State & Zip Code

City, State & Zip Code

This business is conducted by

An Individual

A General Partnership

An Unincorporated Association other than a partnership

Co-Partners

A Limited Liability Partnership

A Limited Liability Company

State & Articles of Incorporation #: _____

Married Couple

State/Local Registered Domestic

A Corporation

State & Articles of Incorporation #: _____

Joint Venture

A Trust

A Limited Partnership

State & Articles of Incorporation #: _____

Print Name of Person Signing. If Corporation, Name of Corporation & Corporate Officer Title. If LLC, Name & Officer Title (Officer, Manager or Managing Member only)

Signature of WITHDRAWING PARTY - I declare that all information in this statement is true and correct. (A registrant who declares as true information, which the registrant knows to be false, is guilty of a misdemeanor.)

X _____

CERTIFICATION

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE
ORIGINAL STATEMENT ON FILE IN MY OFFICE.

CHUCK STOREY, COUNTY CLERK-RECORDER

BY: _____ DEPUTY CLERK



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INSTRUCTIONS TO FILE A STATEMENT OF WITHDRAWAL FROM PARTNERSHIP OPERATING UNDER FICTITIOUS BUSINESS NAME STATEMENT

Section 17923 Business & Professions Code

(a) Any registrant who is a general partner in a partnership that is or has been regularly transacting business under a fictitious business name may, upon withdrawing as a general partner, file a statement of withdrawal from the partnership operating under a fictitious business name. The statement of withdrawal shall be executed by the registrant filing the statement in the same manner as a fictitious business name statement, excluding the requirements of subdivisions (d), (e), and (f) of Section 17913, and shall be filed with the county clerk of the county where the partnership filed its fictitious business name statement.

(b) The statement shall include:

(1) The fictitious business name of the partnership.

(2) The date on which the fictitious business name statement for the partnership was filed, the file number, and the county where filed.

(3) The street address of its principal place of business in this state or, if it has no place of business in this state, the street address of its principal place of business outside this state, if any.

(4) The full names and residence addresses of the registrant or registrants withdrawing as partners.

(c) The statement of withdrawal from the partnership operating under a fictitious business name shall be published in the same manner as the fictitious business name statement and an affidavit showing the publication of the statement shall be filed with the county clerk after the completion of the publication.

(d) The withdrawal of a general partner does not cause a fictitious business name statement to expire if the withdrawing partner files a statement of withdrawal meeting the requirements of this section.

Section 17930 Business & Professions Code

Any person who executes, files, or publishes any statement under this chapter, knowing that such statement is false, in whole or in part, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed one thousand dollars (\$1,000)



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

Type or Print Clearly – MUST BE LEGIBLE

This affidavit must be signed in the presence of the Deputy County Clerk or if filing by mail, in the presence of a Notary Public.

Name of Business

PRINT COMPLETE BUSINESS NAME

☐ I am the Registrant

PRINT FULL LEGAL NAME & EMAIL

☐ I am the Agent

PRINT FULL LEGAL NAME & EMAIL

By signing I, _____, declare under penalty of perjury under the laws of

PRINT FULL LEGAL NAME

the State of California, that I am the ☐ registrant or the ☐ authorized agent to submit the Fictitious Business Name filing and that I intend to file Fictitious Business Name on this statement.

Subscribed on this _____ day of _____, in _____

DAY

MONTH

YEAR

CITY AND STATE

SIGNATURE OF REGISTRANT OR AUTHORIZED AGENT

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY DEPUTY COUNTY CLERK

ID Type & Number:

ID Verified By:

FILING OF A FICTITIOUS BUSINESS NAME BY MAIL, REQUIRES SIGNATURE ACKNOWLEDGED BY A NOTARY PUBLIC

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed that document, to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of _____

County of _____

On _____, before me _____ Notary Public personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

SEAL

Notary's Signature