



OFFICE OF STAN STANART
COUNTY CLERK, HARRIS COUNTY, TEXAS

WITHDRAWAL NOTICE OF ASSUMED NAME

NOTICE:

THIS CERTIFICATE OF WITHDRAWAL WHEN PROPERLY
EXECUTED IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK.

NAME OF BUSINESS BEING ABANDONED:

BUSINESS ADDRESS

CITY STATE ZIP

Give date original assumed name was filed in this office

Name other filing offices, if any, where you filed the same assumed name

Each of the undersigned has this day withdrawn from or disposed of his/her interest in the above mentioned business and is no longer connected with the same, and will not be responsible for debts contracted by said business after the filing of this Withdrawal Notice as prescribed by law.

-NAMES OF OWNERS-
NAME SIGNATURE
(print or type)
Residence Address
City: State: Zip:
NAME SIGNATURE
(print or type)
Residence Address
City: State: Zip:
NAME SIGNATURE
(print or type)
Residence Address
City: State: Zip:
NAME SIGNATURE
(print or type)
Residence Address
City: State: Zip:

If this instrument is executed by an attorney-in-fact, the attorney-in-fact hereby states that s/he/they has/have been duly authorized in writing by his/her principal to execute and acknowledge the same.

THE STATE OF TEXAS §
COUNTY OF HARRIS §

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared

known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that s/he/they is/are the owner(s) of the above named business and that s/he/they signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on

(Seal)

Deputy County Clerk /Notary Public in and for the State of Texas

I/We, the undersigned, am/are the owner(s) of the above business and my/our name(s) and address(es) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed below.

-NAMES OF OWNERS-

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

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(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

I/We, the undersigned, am/are the owner(s) of the above business and my/our name(s) and address(es) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed below.

-NAMES OF OWNERS-

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

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(print or type)

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