



Elaine F. Marshall, Secretary of State
Solicitor Resignation Statement 2016

Solicitor Information

Complete Name of Solicitor: _____

Complete Name of Firm or Organization of Solicitor, (if Applicable): _____

Complete Name and Title of Authorized Representative of Solicitor: _____

Mailing Address of Authorized Representative of Solicitor: _____

Physical Address of Authorized Representative of Solicitor: _____

Weekday Telephone for Authorized Representative of Solicitor: _____

Fax No. _____ E-Mail Address: _____

Statement of Resignation

I hereby resign as a Solicitor effective _____, 2016.

Signature of Solicitor

Date

Preparer Information

Signature of Preparer (if other than Solicitor)

Printed Name of Preparer