



State of Missouri
John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

**Statement of Resignation of Registered Agent
of a Cooperative Association**

(Submit with filing fee of \$10.00)

1. The name of the cooperative association is

_____ Charter #: _____

2. The street address of the registered office is

3. The name of the registered agent is

4. Written notice of the agent's resignation must be given to an officer of the cooperative association at the cooperative's last known address. Please indicate the name and address where written notice has been sent. A copy of the written notice must accompany this resignation form.

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Resigning Agent Signature

Printed Name

Date

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____