



MAIL FILED DOCUMENTS TO:

NAME

ADDRESS

CITY/ST/ZIP

DAYTIME PHONE ()

REMINDER:

1. Submit original and 2 copies.
2. Filing fee \$23.00.
3. Please provide return envelope, if mailed.

HUGH NGUYEN
 ORANGE COUNTY CLERK-RECORDER
 12 CIVIC CENTER PLAZA, ROOM 108
 POST OFFICE BOX 238
 SANTA ANA, CA 92702-0238

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

STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME

THE FOLLOWING PERSON(S) HAS (HAVE) ABANDONED THE USE OF THE FICTITIOUS BUSINESS NAME:

1.	FICTITIOUS BUSINESS NAME (S)	Phone No. () (optional)
2.	STREET ADDRESS, CITY & STATE OF PRINCIPAL PLACE OF BUSINESS	STATE ZIP CODE COUNTY
3.	The Fictitious Business Name referred to above was filed in Orange County on	FILE NO.
4.	Full Name of Registered Owner	If Corporation State of Incorporation
	RESIDENCE ADDRESS	CITY STATE ZIP CODE
5.	(CHECK ONE ONLY) This business is conducted <input type="checkbox"/> a trust <input type="checkbox"/> a state or local registered domestic partnership <input type="checkbox"/> an individual <input type="checkbox"/> a general partnership <input type="checkbox"/> a limited partnership <input type="checkbox"/> an unincorporated association other than a partnership <input type="checkbox"/> a corporation <input type="checkbox"/> a Limited Liability Partnership <input type="checkbox"/> co-partners <input type="checkbox"/> a married couple <input type="checkbox"/> a joint venture <input type="checkbox"/> Limited Liability Co	
6.	If the registered owner is NOT a corporation, sign below: (See Instructions on the reverse side of this form) Signature: _____ _____ (Type or Print Name) I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)	If the registered owner is: a corporation, and officer of the corporation signs below. any type of partnership, the general partner signs below. a limited liability company, a manager or an officer signs below. _____ Limited liability Company/Corporation/Partnership Name _____ Signature and Title of Office/Manager or General Partner I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).) _____ Signature and Title of Office/Manager or General Partner