

Form 504**(Revised 05/11)**

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
[Instructions](#)
Filing Fee: \$10



This space reserved for office use.

**Abandonment of Assumed
Name Certificate****Assumed Name**

1. The assumed name to be abandoned is: _____
2. The assumed name certificate was filed with the secretary of state on: _____
mm/dd/yyyy

Entity Information

3. The legal name of the entity abandoning the assumed name is:

State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.

4. The file number, if any, issued to the entity by the secretary of state is: _____
5. The office address of the entity in its jurisdiction of formation is:

(Complete item 6 *only* when the entity is required by law to maintain a registered agent/registered office in Texas.

(An entity required to complete item 6 does not complete item 7. See instructions.)

- 6a. The entity is required to maintain a registered office and agent in Texas. The address of its registered office in Texas is:

- 6b. The name of the registered agent at such address is:

- 6c. The address of the principal office of the entity (if not the same as 6a) is:

(Complete item 7 *only* if the entity is not required by law to maintain a registered agent/registered office in Texas.

(Complete item 7c only if the entity is not organized under the laws of Texas. See instructions.)

- 7a. The entity is not required by law to maintain a registered agent/registered office in Texas. Its principal office address in Texas is:

7b. The address of the entity's principal place of business in Texas (if not the same as 7a) is:

7c. The entity is not organized under the laws of Texas. Its office address outside the state is:

County or Counties in which Assumed Name Filed

8. The assumed name being abandoned was filed on the following dates in the following counties:

Name of County *Date of Filing*

Name of County _____ *Date of Filing* _____

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date:

Signature of a person authorized by law to sign on behalf of the identified entity (see instructions)