

STANISLAUS COUNTY CLERK-RECORDER, REGISTRAR OF VOTERS

& COMMISSIONER OF CIVIL MARRIAGES
P.O. BOX 1670
MODESTO, CA 95353
(209) 525-5251

Reserved for County Seal

FILE #:

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

DONNA LINDER, COUNTY CLERK-RECORDER

DEPUTY CLERK

STATEMENT OF A	ABANDO	NMENT OF	USE OF FICTITIOU	S BUSINESS I	NAME	
*ORIGINAL FILE #: FILED C	NAL FILE #: FILED ON:		IN STANISLAUS COUNTY			
**Fictitious Business Name(s):						
*** Street Address (No PO Box, Postal Facility or PMB)			Mailing Address If Different			
City	State	Zip Code	City	Stat	e Zip Code	Phone Number
IF FILING IS DONE BY OTHER THAN REGISTRANT	, PLEASE	Agent Name				
PROVIDE NAME AND ADDRESS.		Address				
REGISTRANT NAME & ADDRESS			REGISTRANT NAME & ADDRESS			
**** 1. Name (Individual, Corp., LLC, General Partner, Trustee):			**** 2. Name (Individual, Corp., LLC, General Partner, Trustee):			
Business Mailing Address			Business Mailing Address			
City, State & Zip Code			City, State & Zip Code			
REGISTRANT NAME & ADDRESS			REGISTRANT NAME & ADDRESS			
**** 3. Registrant Name (Individual, Corp., LLC, General Partner, Trustee):			**** 4. Registrant Name (Individual, Corp., LLC, General Partner, Trustee):			
Business Mailing Address			Business Mailing Address			
City, State & Zip Code			City, State & Zip Code			
This business is conducted by						
An Individual A General Partnership			A Limited Liability Company, State of LLC:			
A Married Couple A Limited Partnership			A Corporation, State of Incorporation:			
Copartners A Trust			State/Local Registered Domestic Partners			
Joint Venture A Limited Liability Partnership			An Unincorporated Association other than a partnership			
I declare that all information in this statement is to the Business and Professions Code that the registr dollars (\$1,000).)				•	•	
Print Name of Person Signing. If Corporation, Name of	of Corporation	n & Corporate Off	icer Title. If LLC, Name & (Officer Title (Office	, Manager or Mana	aging Member only)
Signature of Registrant/Corporation Officer/LLC Of	ficer, Mana	ger or Managin	g Member			
CERTIFICATION						

BY: ___

INSTRUCTIONS FOR COMPLETION OF STATEMENT

THE INSTRUCTIONS BELOW ARE NOT TO BE PUBLISHED

BUSINESS AND PROFESSIONS CODE SECTION 17922:

Upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five years, a person who has filed a fictitious business name statement shall file a statement of abandonment of use of fictitious business name. The statement shall be executed in the same manner as a fictitious business name statement and shall be filed with the county clerk of the county in which the person has filed his or her fictitious business name statement. The statement shall be published in the same manner as a fictitious business name statement and an affidavit showing its publication shall be filed with the county clerk after the completion of publication. The statement shall include:

- (1) The name being abandoned and the street address of the principal place of business
- (2) The date on which the fictitious business name statement relating to the fictitious business name being abandoned was filed, the file number, and the county where filed.
- (3) If the registrant is an individual, insert his or her full name and business mailing address
- (4) If the registrants are a married couple, insert the full name and business mailing address of both parties to the marriage
- (5) If the registrant is a general partnership, limited partnership, copartners, a limited liability partnership, a joint venture, or an unincorporated association other than a partnership, insert the full name and business mailing address of each general partner
- (6) If the registrant is a corporation, insert the name and address of the corporation, as set out in its articles of incorporation on file with the CA Secretary of State, and the state of incorporation.
- (7) If the registrant is a trust, insert the full name and business mailing address of each trustee
- (8) If the registrant is a **limited liability company**, insert the name and address of the limited liability company, as set out in its articles of organization on file with the CA Secretary of State, and the state of organization
- (9) If the registrants are **state or local registered domestic partners**, insert the full name and business mailing address of each domestic partner

The statement shall be signed as follows:

- (a) If the registrant is an individual, by the individual
- (b) If the registrants are a married couple, by either party to the marriage
- (c) If the registrant is a general partnership, limited partnership, limited liability partnership, copartnership, joint venture, or unincorporated association other than a partnership, by a general partner
- (d) If the registrant is a limited liability company, by a manager or officer
- (e) If the registrant is a trust, by a trustee
- (f) If the registrant is a corporation, by an officer
- (g) If the registrant is a state or local registered domestic partnership, by one of the domestic partners

BUSINESS & PROFESSIONS CODE 17924(a)(1):

The Statement of Abandonment of fictitious business name must be published in a newspaper once a week for four successive weeks and an affidavit of publication filed with the county clerk within 45 days after publication has been accomplished. The statement should be published in a newspaper of general circulation in the county where the principal place of business is located. The statement should be published in such county in a newspaper that circulates in the area where the business is conducted. (Business and Professions Code Section 17917)

BUSINESS & PROFESSIONS CODE 17924(2):

Any person who executes, file, or publishes any fictitious business name statement, knowing that such statement is false, in whole or in part, is guilty of a misdemeanor and upon conviction thereof shall be fined not to exceed one thousand dollars (\$1,000). (Business and Professions Code Section 17930)

Rev. 01/2024 FBN Abandonment