

New Jersey Division of Revenue

Certification of Resignation of Registered Agent Without Successor

(For Use by Limited Liability Partnerships)

To: New Jersey Department of the Treasury, Division of Revenue

RE: _____
(Limited Liability Partnership)

In accordance with provisions of NJSA 42, I _____ at
(Agent Name):

(No. and Street) (City and State) (Zip)

the address of the registered office of the above-named Limited Liability Partnership formed under the laws of _____
(State)

DO HEREBY DECLARE THAT:

1. I sent a copy of said resignation by certified mail No. _____ recorded at the Post Office of _____ with return receipt requested to _____
(City and State)
being the last-known partner of said LLP known to me, at the address known to me at

(No. and Street) (City and State) (Zip)

Certified mail was ____ accepted by _____ was not accepted.

2. Attached is a copy of my resignation, mailed on _____
(Date)

3. Service of notice of my resignation has not been made as required because: (Leave blank if not applicable)

4. It is understood that my resignation shall become effective upon 30 days after filing of the certificate with the Treasurer or upon designation by the LLP of a new registered agent, whichever is earlier.

(Signature of Resigning Agent)

(Date)

Instructions for Form L-223

**CERTIFICATION OF RESIGNATION OF REGISTERED AGENT
WITHOUT A SUCCESSOR
LIMITED LIABILITY PARTNERSHIPS
(Title 42)**

STATUTORY FEE: \$25

The MANDATORY fields are:

Business Name

List the LLP name as it appears on the records of the State Treasurer.

Agent Name and Office

List the registered agent name and office as they appear on the records of the State Treasurer.

State of Formation

List the state in which the LLP was formed.

Declaration of Mailing

Add a statement that indicates that a copy of the resignation was sent via certified mail, return receipt required. Include the following information: certified mail number; post office form which mailing was done; mailing address (must be to last-known member or manager); and indication of whether the mailing was accepted or not. If the mailing was not accepted, provide an explanation. Form L-223 provides all of the necessary blanks and statements for these filing requirements.

Date That Resignation Was Mailed

List the mailing date.

ATTESTATIONS

Add a statement indicating an understanding that the resignation is effective upon the filing of the change form with the Treasurer, or upon the designation of a new agent/office by the affected LLP, whichever is earlier. Form L-223 provides the statement.

ATTACHMENTS

Attach a copy of the resignation.

EXECUTION

The resigning agent must sign. Also, list the date of execution (signature).

These documents should be filed in duplicate. Non-profits should file in triplicate.
Make checks payable to: TREASURER, STATE OF NEW JERSEY. (No cash, please)

Mail to: Division of Revenue, PO Box 308, Trenton, NJ 08646