



KARA SANDS,
COUNTY CLERK
NUECES COUNTY, TEXAS

STATEMENT OF ABANDONMENT
OF USE OF A BUSINESS OR PROFESSIONAL NAME

NAME OF ASSUMED BUSINESS BEING ABANDONED (PRINT OR TYPE)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

1. The **original date** on which the assumed name certificate was filed in the office was: _____

2. Name other filing offices, if any, where the certificate has been filed: _____

To certify which, witness my/our hand(s) the _____ day of _____, 20 _____

NAMES OF OWNERS

NAME: _____ SIGNATURE: _____
(PRINT OR TYPE) (First Middle Last Name)

Address: _____ City: _____ State: _____ Zip Code: _____

NAME: _____ SIGNATURE: _____
(PRINT OR TYPE) (First Middle Last Name)

Address: _____ City: _____ State: _____ Zip Code: _____

NAME: _____ SIGNATURE: _____
(PRINT OR TYPE) (First Middle Last Name)

Address: _____ City: _____ State: _____ Zip Code: _____

The State of Texas, County of Nueces

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared

Known to me to be the person whose name is subscribed to the foregoing instrument and, under oath, acknowledged to me that he/she signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS _____ DAY OF _____, 20 _____

Notary Public