



THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF CORPORATIONS AND TRADEMARKS

WITHDRAWAL OF A TRADE NAME

TRADE NAME TO BE WITHDRAWN

FOR OFFICIAL USE ONLY	
DATE RECEIVED	
RECEIVED BY	
PAYMENT RECEIVED	
PAYMENT TYPE	
RECEIPT NO.	

REGISTRATION NUMBER

DATE OF ORIGINAL REGISTRATION

THE TRADE NAME IS REGISTERED (please select one) –

PROVIDE NAME AND BUSINESS ADDRESS OF ENTITY

___	AS A SOLE PROPRIETORSHIP/PARTNERSHIP	_____

___	UNDER A FOREIGN/DOMESTIC CORPORATION	_____

___	UNDER A FOREIGN/DOMESTIC LIMITED LIABILITY CO.	_____

___	UNDER A LIMITED LIABILITY PARTNERSHIP	_____

___	UNDER A LIMITED LIABILITY LIMITED PARTNERSHIP	_____

___	UNDER A LIMITED PARTNERSHIP	_____

___	AS A NON PROFIT CORPORATION	_____

**AFFIX
CORPORATE SEAL
HERE**

EACH OF THE UNDERSIGNED HAS, THIS DAY, WITHDRAWN FROM, DISPOSED OF THIS INTEREST IN THE ABOVE MENTIONED BUSINESS AND IS NO LONGER CONNECTED WITH THE SAME AND WILL NOT BE RESPONSIBLE FOR DEBTS CONTRACTED BY SAID BUSINESS AFTER FILING OF THE WITHDRAWAL NOTICE, AS PRESCRIBED BY LAW.

I DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE UNITED STATES VIRGIN ISLANDS, THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION, AND ANY ACCOMPANYING DOCUMENTS, ARE TRUE AND CORRECT, WITH FULL KNOWLEDGE THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE SUBJECT TO INVESTIGATION AND THAT ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF REGISTRATION.

FIRST NAME	LAST NAME
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TITLE _____

SIGNATURE _____

MAILING ADDRESS _____

CITY	ISLAND	ZIP CODE
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EMAIL ADDRESS

FIRST NAME	LAST NAME
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TITLE _____

SIGNATURE _____

MAILING ADDRESS

CITY	ISLAND	ZIP CODE
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EMAIL ADDRESS

ACKNOWLEDGEMENT

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

NOTARY NUMBER: