

ROXANNE ACOSTA-HELLBERG  
JEFFERSON COUNTY CLERK  
P.O. BOX 1151  
BEAUMONT, TEXAS 77704-1151  
Phone 409-835-8475, Opt. 2

WITHDRAWAL NOTICE OF AN ASSUMED NAME

NOTICE: THIS CERTIFICATE OF WITHDRAWAL PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY WITH THE  
COUNTY CLERK, AS PROVIDED BY LAW  
FILING FEE: \$22.50 WITH ONE OWNER (ADD .50¢ FOR EACH ADDITIONAL OWNER)

NAME OF BUSINESS BEING ABANDONED

PRINT OR TYPE NAME OF BUSINESS

BUSINESS ADDRESS:

CITY: STATE: ZIP CODE:

1. DATE ORIGINAL ASSUMED NAME WAS FILED IN THIS OFFICE:

2. NAME OTHER FILING OFFICES, IF ANY, WHERE YOU FILED THE SAME ASSUMED NAME:

Each of the undersigned has this day withdrawn from or disposed of his interest in the above mentioned business and is no longer connected with the same, and will not be responsible for debts contracted by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 the filing of this Withdrawal Notice as prescribed by law.

(Please print or type)

NAME: SIGNATURE:

Residence Address:

NAME: SIGNATURE:

Residence Address:

NAME: SIGNATURE:

Residence Address:

THE STATE OF TEXAS  
COUNTY OF JEFFERSON

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

known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that (s)he executed the same for the purpose and consideration therein expressed.  
GIVEN UNDER MY HAND AND SEAL, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary  
Seal: Signature of Notary Public/Deputy County Clerk  
Printed Name of  
Deputy County Clerk:

For Clerks Use Only

After Recording Return To:

Name:\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_