



**CERTIFICATE OF ABANDONMENT OF USE OF
ASSUMED BUSINESS OR PROFESSIONAL NAME**



1. **THE ASSUMED BUSINESS OR PROFESSIONAL NAME BEING ABANDONED IS**

2. **THE DATE CERTIFICATE OF ASSUMED NAME WAS FILED ON**

3. **DOCUMENT NUMBER OR VOLUME / PAGE**

4. **OTHER FILING OFFICE OR OFFICES, IF ANY**

5. **NAME AND ADDRESS OF REGISTRANT(S)**

NAME

TITLE

SIGNATURE

ADDRESS

NAME

TITLE

SIGNATURE

ADDRESS

NAME

TITLE

SIGNATURE

ADDRESS

NOTARY USE ONLY

STATE OF TEXAS

COUNTY OF _____

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
ACKNOWLEDGE TO ME THAT HE / SHE / THEY SIGNED THE SAME FOR THE PURPOSE AND CONSIDERATION THEREIN
EXPRESSED.

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

SIGNATURE OF NOTARY

(Seal)