

New Jersey Division of Revenue

**Certification of Resignation of Registered Agent Without Successor**

(For Use by a Limited Liability Company)

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

RE: \_\_\_\_\_  
(Limited Liability Company)

1. 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 Company formed under the laws of \_\_\_\_\_  
(State)

DO HEREBY DECLARE THAT:

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 manager/member of said LLC 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 LLC of a new registered agent, whichever is earlier.

\_\_\_\_\_  
Signature of Resigning Agent

\_\_\_\_\_  
Date

Instructions for Form L-123

**CERTIFICATION OF RESIGNATION OF REGISTERED AGENT  
WITHOUT A SUCCESSOR  
LIMITED LIABILITY COMPANIES  
(Title 42:2B)**

STATUTORY FEE: **\$25**

The MANDATORY fields are:

**Business Name**

List the LLC 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 LLC was formed.

**Declaration of Mailing**

Add a statement that indicates that a copy of the resignation was sent via certified mail, return receipt requested. Include the following information: certified mail number; post office from which mailing was done; mailing address (must be to last-known member or manager); and indication of whether the mailing was accepted or not, and if accepted, by whom. If the mailing was not accepted, provide an explanation. Form L-123 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 Division of Revenue, or upon the designation of a new agent/office by the affected LLC, whichever is earlier.

**ATTACHMENTS**

Attach a copy of the resignation.

**EXECUTION**

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

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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