

**CERTIFICATE OF DISSOLUTION OF  
CO-PARTNERSHIP OR  
SOLE PROPRIETORSHIP**

Filing Fee: \$10.00

Macomb County Clerk  
Attn: Business Registrations  
120 North Main Street  
Mount Clemens, MI 48043

New DBA File No. \_\_\_\_\_

Original DBA File No. \_\_\_\_\_

THE UNDERSIGNED, being one of the members of the Co-Partnership/Sole Proprietorship does hereby certify that the co-partnership/sole proprietorship heretofore conducting business under the below name has been discontinued.

Name of Business: \_\_\_\_\_

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

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

Dated: \_\_\_\_\_

**\*MUST BE SIGNED BEFORE A NOTARY PUBLIC\***

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STATE OF MICHIGAN  
COUNTY OF MACOMB

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared

\_\_\_\_\_  
who being duly sworn, deposes and says that he/she is a member of the aforesaid Co-Partnership/Sole Proprietorship and is duly authorized to execute this Certificate of Discontinuance.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Notary Public  
State of Michigan, County of Macomb  
My Commission expires: \_\_\_\_\_