



FORM **503**

**AMENDMENT, CANCELLATION, OR RENEWAL OF
 STATEMENT OF AUTHORITY
 LIMITED LIABILITY COMPANY**

Sec. [183.0302](#), Wis. Stats.

1. Name of the entity:
2. Street address of the entity's registered office:
3. Name and email address of the entity's registered agent:

4. The entity previously filed a statement of authority with the Department, which took effect on _____ . That statement of authority is hereby:
 (effective date of applicable statement of authority)

Renewed for an additional five years *(note: a statement of authority may only be renewed during the three-month window prior to its expiration date)*

OR

Cancelled

OR

Amended

5. If the statement of authority is being **renewed**, include a copy of the statement of authority that is being renewed. If the statement of authority is being **amended**, include a separate attachment labeled "Item 5" that specifies the amendments to the statement of authority. If the statement of authority is being **cancelled**, no attachments are required.

6. This document must be signed by a person authorized by the company:

 Signature

 Date

 Printed Name

 Title

(Optional) This document has a **delayed** effective date/time of: _____
 (up to 90 days after received date)

Office Use Only

Contact Information:

Name

Mailing Address

City	State	Zip Code
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Email Address	Phone Number
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INSTRUCTIONS (Refer to section [183.0302](#), Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348. (If sent by express or priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705.) If requesting optional expedited service, please check the expedited service box in the upper-right corner of the first page and include an additional \$25.00. Filing fees are non-refundable. This document can be made available in alternate formats upon request to qualifying individuals with disabilities. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577 (hearing-impaired may call 711 for TTY) or by email at DFICorporations@dfi.wisconsin.gov.

Item 1. Provide the name of the company.

Items 2 & 3. Provide the street address of the company’s registered office within the state, as well as the name and email address of the company’s registered agent at that office.

Item 4. Identify the effective date of the statement of authority that is being affected, and specify whether that statement is being renewed, cancelled, or amended. If the previously filed statement of authority did not specify a delayed effective date, the effective date was the date it was accepted for filing by the Department.

Item 5. Provide the specified attachments, as applicable. If the statement of authority is being renewed, include a copy of the statement of authority that is being renewed. If the statement of authority is being amended, include a separate attachment labeled “Item 5” that specifies the amendments to the statement of authority. If the statement of authority is being cancelled, no attachments are required.

Item 6. The document must be executed by one or more persons authorized by the company.

Optional delayed effective date/time. This document may declare a delayed effective date and time. The effective date/time may not be before, or more than 90 days after, the document is received by the Department of Financial Institutions for filing. If no effective date/time is specified, the document will take effect at the close of business on the date it is received for filing by the Department.