

**AFFIDAVIT TO CANCEL
REGISTERED TRADE NAME**

STATE OF GEORGIA

COUNTY OF DEKALB

I, _____, as Owner, hereby submit this notice to
(Name of Registered Owner of Trade Name)

cancel the Registered Trade Name of _____

as registered in the Office of Clerk of Superior Court of DeKalb County in the State of

Georgia, on Date: _____ Recorded in Book: _____ Page: _____

or Instrument No.: _____, and the reason for said cancellation is:

(Briefly describe the reason for Trade Name cancellation)

Date of Cancellation

President / Owner Signature

Subscribed and sworn to before me

this ____ day of _____, 20_____.

Note: To Avoid Rejection of Application, Complete All Required Fields

**Notary Public
State of Georgia**

My commission expires on: _____