

**THE ALCOHOL BEVERAGE BOARD OF ST. MARY'S COUNTY**  
**P. O. BOX 653**  
**41650 TUDOR HALL RD. – LEONARDTOWN, MD 20650**  
**(301) 475-7844 Ext. 1600 – FAX (301)475-3364**

**LIMITED LIABILITY COMPANY AUTHORIZED PERSON DELETION**

**DEADLINE FOR PAPERWORK: \_\_\_\_\_ FOR BOARD MEETING ON \_\_\_\_\_**

This application must be completed and filed with the Alcohol Beverage Board when requesting a DELETION OF A LIMITED LIABILITY COMPANY AUTHORIZED PERSON ONLY! **Please fill out one application for every deletion you have.**

Application must be accompanied by a **copy of the minutes** of the meeting in which the outgoing authorized person was removed.

We, the undersigned members of the \_\_\_\_\_  
(Limited Liability Company Name)

t/a \_\_\_\_\_ desire to remove the outgoing authorized person  
(Trade Name)  
on the license and we certify to the Board the following facts.

**1. Name, address of former authorized person**

Name: \_\_\_\_\_

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

% of Membership: \_\_\_\_\_

**2. The current members of the limited liability company are:**

**Member Name:** \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ % of Membership \_\_\_\_\_

**Member Name:** \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ % Membership \_\_\_\_\_

**Member Name:** \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ % of Membership \_\_\_\_\_

**Member Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ % of Membership \_\_\_\_\_

(Attach additional pages for additional members)

**3. The former authorized person, \_\_\_\_\_, was/was not the Resident Agent of the Limited Liability Company.**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

STATE OF MARYLAND, COUNTY OF \_\_\_\_\_ SS:  
THIS CERTIFIES that on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before the  
subscriber, a Notary Public of the State of Maryland, personally appeared

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

The applicant(s) named in the foregoing application, and made oath in due form of law that the statements therein are true to the best of his/her/their knowledge and belief.

WITNESS my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES \_\_\_\_\_

**STATEMENT OF FORMER  
AUTHORIZED PERSON**

The undersigned acknowledges that he/she resigned his/her position as

\_\_\_\_\_ of \_\_\_\_\_  
(Title) (Limited Liability Company)

Trading as: \_\_\_\_\_

on \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
(Former Authorized Person)

STATE OF MARYLAND, COUNTY OF \_\_\_\_\_, to wit:

I HEREBY CERTIFY THAT ON THE \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_

\_\_\_\_\_ personally appeared and made oath  
that he/she has personal knowledge of the above statements and that they are true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:\_\_\_\_\_