

**STATE OF ALABAMA**

**FOREIGN LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF WITHDRAWAL**

PURPOSE: In order to withdraw (terminate/cancel) the registration of a Foreign Limited Liability Company (hereinafter "foreign entity") to transact business in Alabama, the entity must deliver to the Secretary of State for filing a Certificate of Withdrawal along with a Certificate of Compliance obtained from the Alabama Department of Revenue (ADOR) - see item #7 and attached sample - pursuant to Section 10A-1-7.11, Code of Alabama 1975.

INSTRUCTIONS: Mail or fax two (2) signed originals of this completed Certificate of Withdrawal, the Certificate of Compliance from ADOR, and the filing fee of \$100.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616** or Email to [Foreign.entities@sos.alabama.gov](mailto:Foreign.entities@sos.alabama.gov)



(For SOS Office Use Only)

**This form must be typed or laser printed.**

1. Alabama Entity ID Number (Format: 000-000): \_\_\_\_\_ - \_\_\_\_\_

**INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available (it is on the face of your original registration filing), you may obtain it on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Records tab (top of page), Record Searches, then Business Entity Records. Search by Entity Name, enter the registered name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended

2. The name of the foreign entity as registered in Alabama:

\_\_\_\_\_

3. Entity's jurisdiction of formation: \_\_\_\_\_

4. Street (**No PO Boxes**) Address of principal office: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

\_\_\_\_\_

5. The above named foreign entity hereby certifies that the entity is no longer transacting business in Alabama.

6. The above named foreign entity hereby certifies that any money due or accrued to the State of Alabama has been paid or that arrangements have been made for payment (attach copy of payment arrangements).

7. The original Certificate of Compliance from the Alabama Department of Revenue is attached. **[Instruction to obtain Certificate: call ADOR/Commissioner's Office at 334-242-1189 and request a document showing that all applicable taxes and fees due the State of Alabama have been paid.]**

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8. The above named foreign entity hereby revokes the authority of the entity's registered agent in Alabama to accept service of process; and consents that service of process in any action, suit, or proceeding stating a cause of action arising in Alabama during the time the foreign entity was authorized to transact business may be made on the foreign entity in accordance with the Alabama Rules of Civil Procedure and any other service or demand required or permitted by law to be served on the entity may be served in a manner similar to the procedure provided for the service of process by the Alabama Rules of Civil Procedure.

9. The mailing address to which process may be mailed pursuant to the applicable service of process procedures of the Alabama Rules of Civil Procedure and to which any notice or demand required or permitted by law to be served on the entity may be mailed to:

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10. The above named foreign entity hereby makes a commitment that if the mailing address stated above changes the foreign entity will promptly file an Address Amendment to this Certificate of Withdrawal

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Date

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Typed or Printed Name and Title of Signature Below

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Signature of Person Authorized to Sign per 10A-1-4.01, *Alabama Code*

**If you wish to pay by credit card:**

Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Service Requested (check all that apply): \_\_\_\_\_ \$100.00 filing Certificate of Withdrawal

\_\_\_\_\_ \$100.00 expedited processing  
(approximately (24) hours)

Card Number: \_\_\_\_\_

Expiration Mo/Yr: \_\_\_\_/\_\_\_\_ (MM/YY)

Card Holder Name: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_  
Street or PO

\_\_\_\_\_

City

State

Zip

Signature of Card Holder: \_\_\_\_\_  
MUST be Signature of Card Holder



# State of Alabama Department of Revenue

(www.revenue.alabama.gov)  
50 North Ripley Street  
Montgomery, Alabama 36132

**CYNTHIA UNDERWOOD**  
Assistant Commissioner  
**MICHAEL E. MASON**  
Deputy Commissioner  
**LEWIS A. EASTERLY**  
Secretary

## CERTIFICATE OF COMPLIANCE

An examination of the records of Corporate Income, Business Privilege, Sales, Use & Business and Withholding Tax accounts for (Taxpayer's name) reveals that this taxpayer has filed all applicable tax returns and paid all tax, penalty and interest reported as of December 8, 2010. No representation is made as to the accuracy of the amounts reported, and all periods remaining within the statute of limitations are subject to audit by the Department.

BY: \_\_\_\_\_  
TITLE: Disclosure Officer  
DATE: December 8, 2010