STATE OF ALABAMA

FOREIGN LIMITED PARTNERSHIP (LP) STATEMENT OF WITHDRAWAL

PURPOSE: In order to withdraw (terminate/cancel) the registration of a Foreign Limited Partnership (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) pursuant to Section 10A-1-7.11, *Code of Alabama 1975*.

INSTRUCTIONS: Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:

- *Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.
- *Include a check, money order, or credit card payment for the \$100.00 processing fee.
- *The request is only accepted via mail or courier and will not be accepted via email.
- *You must include the Certificate of Compliance from the Alabama Department of Revenue.
- *You may file the withdrawal online in the time it takes to type this request.
- *Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed and will not be accepted via email.

1.	Alabama Entity ID Number (Format: 000-000-000):			
2.	The legal entity name of the foreign entity registered in Alabama:			
3.	Entity's jurisdiction of formation:			
4.	Street (No PO Boxes) address of principal office:			
	Mailing address (if different from street address):			
	(For SOS Use Only)			
Th	is form was prepared by: (type name and full address)			

FOREIGN LIMITED PARTNERSHIP (LP) CERTIFICATE OF WITHDRAWAL

- 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. [To obtain Certificate, go to https://www.alabamainteractive.org/ador_tax_compliance/welcome.action or 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.]
- 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.		nay be mailed pursuant to the applicable service of process procedures of the to which any notice or demand required or permitted by law to be served on
10.		makes a commitment that if the mailing address stated above changes the ess amendment to this Certificate of Withdrawal.
	Date (MM/DD/YYYY)	Typed name and title of signature below
		Signature of person authorized to sign per 10A-1-4.01

<u>Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:</u> If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus \$2.00).

Information MUST be typed or filing will be returned without review.

L Entity ID #, require	d for all filings other than form	nation/registration:(ex: 0		
	\$100.00 Withdrawal fee		,	
old at Front Desk for	pick-up by:			
	There is no notification service/call for pick-up.			
	Choose on	e of the following:		
	der is attached-Please make one one check for multiple filings.		ng to the Alabama Secretary	
Charge fees to pr	repaid account: Account Number	er		
and Account Nar	me			
Тур	ed Name & Signature of Autho	rized Individual on Account		
Credit Card Type	:(V	isa, MC, Discover & AmEx)	
Card Number:		Expiration Mo/Yr.:	/(MM/YY)	
Card Holder Nam	ne:			
Complete Billing	Address: Street or P			
	Street or P	O Box		
City		State	Zip	
ignature of Card Holo	der:	UST be Signature of Card Ho	older	