

**STATE OF ALABAMA**

**FOREIGN CORPORATION  
CERTIFICATE OF WITHDRAWAL**

PURPOSE: In order to withdraw (terminate/cancel) the registration of a Foreign Corporation (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 two (2) completed Certificate of Withdrawal forms, the Certificate of Compliance from ADOR, and the filing fee of \$100.00 (check, money order or credit card slip) along with a self-addressed, stamped envelope to Alabama **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103**. The application is only accepted via mail or courier and will not be accepted via email. If the credit card does not authorize or if the check is dishonored, the filing will be removed from the index and of no legal effect. In the case of a dishonored check, a \$30 fee will be charged. **Using a credit card and our website, you may file the Withdrawal online in the time it takes to type this application.**

**This form must be typed.  
Emailed applications will not be acknowledged, reviewed, processed, or returned.**

1. Alabama Entity ID Number (Format: 000-000): \_\_\_\_\_ - \_\_\_\_\_ **TO OBTAIN ID NUMBER** Go to our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

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)**

This form was prepared by: (type name and full address)

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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](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. 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:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

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

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Typed or Printed Name and Title of Signature Below

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

**Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:** 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 (generally these fees are between 2% and 5% of the total charge).

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

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

Service Requested:  \$100.00 Withdrawal fee

Hold at Front Desk for Pick-up by: \_\_\_\_\_

**There is no notification service/call for pick-up.** (Service providers who run couriers for pick-up)

**Choose one of the following:**

\_\_\_\_\_ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

\_\_\_\_\_ Charge fees to prepaid account: Account Number \_\_\_\_\_  
and Account Name \_\_\_\_\_

\_\_\_\_\_  
Typed Name & Signature of Authorized Individual on Account

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

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**