CERTIFICATE OF CANCELLATION OF AUTHORITY OF A FOREIGN LIMITED LIABILITY COMPANY

Form LLF-9 Rev. 11/2017



West Virginia Secretary of State

Business & Licensing Division Tel: (304)558-8000 Fax: (304)558-8381

Website: www.wvsos.gov

FILE ONE ORIGINAL (Two if you want a filed stamped copy returned to you) FEE: \$25.00

Signature*

Pursuant to West Virginia Code §31B-10-1008: 1. The **name** of the limited liability company is: and is **organized in the State of**: 2. The **address** to which correspondence relating to this cancellation is to be sent: 3. The effective date of the cancellation of the date the certificate of cancellation is filed authority of the above named limited liability company is: the following date: (requested date may not be earlier than filing nor later than 90 days after filing in our office) 4. Contact name and phone number to reach in case of a problem with filing: (Optional, however, listing one may help to avoid a return or rejection of filing if there is a problem with the document.) Contact Name Phone Number Business e-mail address, if any: _____ 5. I, the undersigned, hereby certify that: (1) I am authorized to act on behalf of the limited liability company in this matter: (2) this foreign limited liability company has ceased to do business in West Virginia; and (3) all responsibilities for filing with the Department of Tax and Revenue and any other State agencies have been completed. Title/Capacity Name (print)

*Important Legal Notice Regarding Signature: Per West Virginia Code §31B-2-209. Liability for false statement in filed record. If a record authorized or required to be filed under this chapter contains a false statement, one who suffers loss by reliance on the statement may recover damages for the loss from a person who signed the record or caused another to sign it on the person's behalf and knew the statement to be false at the time the record was signed.

Date

Instructions for filing Certificate of Cancellation of a Foreign Limited Liability Company

A limited liability company may file a certificate of cancellation when the company desires to cease doing business in West Virginia. Remember, all filings and payments required by the Department of Tax and Revenue and any other State agency, such as Department of Employment Security or Workers Compensation, must be completed before the company's responsibilities and liabilities to the State are completed.

A company which is dissolved in its home state should immediately complete all filings with other state agencies and file a certificate of cancellation in West Virginia.

CERTIFICATE OF CANCELLATION

Complete all sections of the form.

- **Section 1.** If the name used in West Virginia is a trade name, please list both the name registered in your home state and the trade name used in West Virginia.
- **Section 2.** Enter the address where you can receive correspondence relating to this cancellation.
- **Section 3.** Unless another date is given, the effective date will be the date of filing in our office. **Note:** The effective date CANNOT be earlier than filing nor LATER than 90 days AFTER filing in the Office of Secretary of State.
- **Section 4.** List a contact person to reach regarding the cancellation. This is optional, however, listing one may help avoid return or rejection of your document if something is wrong.
- **Section 5.** List the name of the person signing the document and the title or capacity in which he/she is signing.

Filing Fee:

Submit \$25, payable to the West Virginia Secretary of State and one original application (two if you would like a "filed" stamped copy returned to you) to the address on the top of the application.



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Filing Submission Instructions - Business Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE <u>CUSTOMER ORDER REQUEST</u> FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (SEE FEES BELOW).

CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

(1) EXPEDITED SERVICE (24-hour, 2-hour and **1-hour**; *Requires standard filing fee plus additional expedite fee, *see below*)

Expedite Service *Fee EXPEDITED SERVICE requests may be submitted by:

24-Hour \$ 25.00 - E-mail to efilings@wvsos.gov

2-Hour \$250.00 - Fax

1-Hour \$500.00 - Walk in delivery

2 STANDARD PROCESSING (5-10 business days)

Standard filing fees apply. STANDARD PROCESSING requests may be submitted by:

- E-mail to CorpFilings@wvsos.gov

- Fax

- Walk in delivery (drop off service only filed within 5-10 business days)

INCLUDE PAYMENT:

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the <u>e-Payment Authorization</u> form with your filing. Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

BUSINESS SERVICE CENTERS Standard and Expedited Filings

Charleston OfficeClarksburg OfficeMartinsburg OfficeOne-Stop Business CenterNorth Central WV Business CenterEastern Panhandle Business Center1615 Washington Street East200 West Main Street229 E. Martin Street

 1615 Washington Street East
 200 West Main Street
 229 E. Martin Street

 Charleston, WV 25311
 Clarksburg, WV 26301
 Martinsburg, WV 25401

 Phone: (304) 558-8000
 Phone: (304) 367-2775
 Phone: (304) 356-2654

 Fax: (304) 558-8381
 Fax: (304) 627-2243
 Fax: (304) 260-4360

Hours: Mon. - Fri. 8:30a - 5:00p EST Hours: Mon. -Fri. 9:00a - 5:00p EST Hours: Mon. - Fri. 9:00a - 5:00p EST



West Virginia Secretary of State

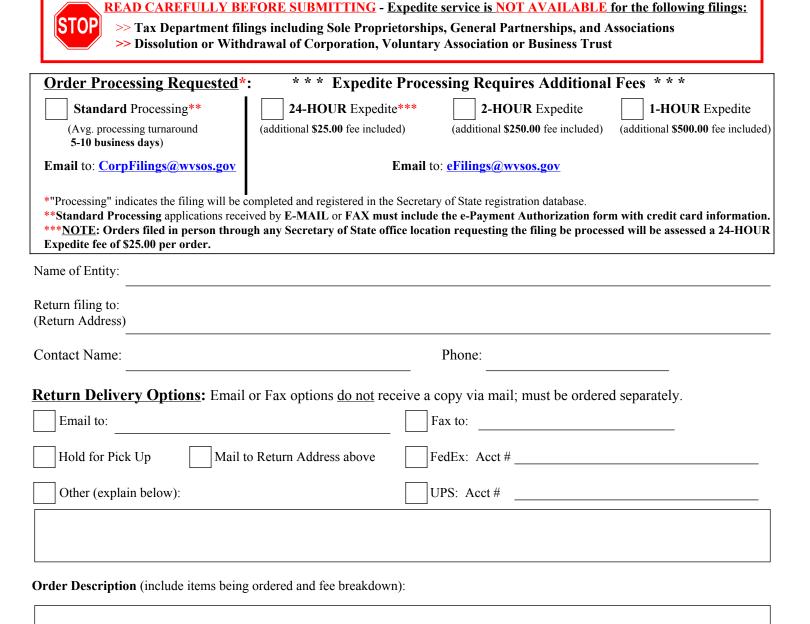
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Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.



Payment Method:

Check/Money Order	Credit Card	(Must attach e-Payment Authorization request form including payment information.)

* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if

you want a file stamped copy returned to you at no extra charge. Certified copy requests are an

Cash (<u>Do Not</u> mail cash)

additional \$15 per certified copy being requested.

Pre-paid Acct #: Attach signed pre-paid slip.

Total Amount:



24-hour, 2-hour and 1-hour **Expedite Service Guidelines**

IMPORTANT: To ensure expedited service, please mark "EXPEDITE" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your "24-HOUR EXPEDITE" request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is \$25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

Time Constraints: Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



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e-Payment Authorization

Authorized Signature

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party. Fax E-mail **Service Type:** Mail Payment by Card (card holder name and billing address required below) Card Type: Mastercard Discover American Express Visa Credit Card Number: V Code* * 3-digit number on back of VISA, MasterCard and Discover cards. 4-digit number on front right side of American Express card. NOTICE: For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month: Year: **Amount to Charge Card: USD \$ Order Information** (required) **Entity Name: Card Holder Information:** Name as it appears on the account Billing Address Zip Code City State Telephone Ext. **Payment Information Storage Authorization** (optional) I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State: Date **Authorized Signature Payment Authorization** (required) I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

Date

Not to Exceed Amount: USD \$