

**APPLICATION FOR CERTIFICATE  
OF WITHDRAWAL FROM  
CERTIFICATE OF AUTHORITY**  
Form CF-5  
Rev. 11/2017



**West Virginia Secretary of State**  
Business & Licensing Division  
Tel: (304)558-8000  
Fax: (304)558-8381  
Website: [www.wvsos.gov](http://www.wvsos.gov)

**FILE ONE ORIGINAL**

(Two if you want a filed stamped  
copy returned to you.)

**FILING FEE: \$25** - Expedited service not available for this type of filing.

\*\*\* In accordance with the provisions of the West Virginia Code §31D-15-1520, the undersigned corporation \*\*\*  
hereby applies for a certificate of withdrawal from West Virginia, and submits the following statement:

1. The **name of the corporation** is: The Mandatory Poster Agency, Inc.
2. It is incorporated under the laws of the State of: Michigan
3. Current **name and address** of **agent** (person or entity) to which any **service of process** against the corporation may be mailed. Include entity/corporation name on address line, if necessary.  
Name: LLPS, Inc.  
Address 1: 5859 W. Saginaw Hwy.  
Address 2: #343  
City: Lansing State: MI Zip Code: 48917
4. The following statement does not apply to insurance companies who are registered and will continue to be registered with the West Virginia Insurance Commission. The company hereby attests that it is not transacting business in West Virginia. It hereby surrenders its authority to transact business in West Virginia. It revokes the authority of its registered agent in West Virginia to accept service of process, and consents that service of process in any action, suit or proceeding based upon any course of action arising in West Virginia during the time the corporation was authorized to transact business in West Virginia may thereafter be made on the corporation by service thereof on the Secretary of State of West Virginia and commits to notify the Secretary of State of any changes of the corporations mailing address.
5. **Name and phone number of contact person.** (This is optional, however, if there is a problem with the filing, listing a contact person and phone number may avoid having to return or reject the document.)  
Contact Name: Michael Bishop Phone Number: 5173214144
6. **Signature information** (See below **\*Important Legal Notice Regarding Signature**):  
Print Name of Signer: Michael Bishop Title/Capacity: Operations Manager  
Signature: Michael Bishop Date: 7/7/20

**\*Important Legal Notice Regarding Signature:** Per West Virginia Code §31D-1-129. **Penalty for signing false document.** Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.

**Important Note:** This form is a public document. Please **DO NOT** provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

**INSTRUCTIONS FOR FILING A CERTIFICATE OF WITHDRAWAL  
FROM CERTIFICATE OF AUTHORITY**

(In accordance with the provisions of the West Virginia Code §31D-15-1520.)

**Due to the nature of the withdrawal process, expedited service is not available for this filing.**

In order for the Office of the Secretary of State to issue a Certificate of Withdrawal for a foreign profit or non-profit corporation, the corporation must submit an application for withdrawal.

**Filing fee is \$25 and you should make checks payable to the *West Virginia Secretary of State*.**

The Secretary of State will request, in writing, clearances from the following state agencies:

- West Virginia State Tax Department,
- Employer Coverage Unit (Workers Compensation) and
- Department of Employment Security.

When those clearances are received in writing, which may take as long as two (2) years, a **Certificate of Withdrawal** will be prepared and mailed to the address given on the Articles of Withdrawal.

You will be held liable for all taxes, fees, penalties, interest, etc. until clearances are obtained from all departments and divisions listed above.

The **filings fee is \$25** and the check should be made payable to the **WV Secretary of State**. If you are requesting a Certified Copy of the filing returned to you, include the additional payment of **\$15 per Certified Copy requested**.

|                          |                        |
|--------------------------|------------------------|
| Registration fee:        | <u>\$25</u>            |
| \$15 per Certified Copy: | <u>+ <del>15</del></u> |
| Total Fee:               | <u>= \$25.00</u>       |

*Make your checks payable to West Virginia Secretary of State.*

**IF YOU NEED ADDITIONAL INFORMATION CONCERNING FILING FOR A CERTIFICATE OF  
WITHDRAWAL FOR YOUR CORPORATION, PLEASE CONTACT OUR OFFICE AT 304-558-8000.**



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Rev. 9/2018

## 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](http://www.wvsos.gov).

**SUBMIT THE COMPLETED APPLICATION WITH THE *CUSTOMER ORDER REQUEST* FORM TO ONE OF THE OFFICES BELOW. CHOOSE STANDARD PROCESSING SERVICE.**

**THE FOLLOWING PROCESSING SERVICE IS AVAILABLE FOR THIS TYPE OF FILING:**

**① STANDARD PROCESSING (5-10 business days)**

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

- E-mail to [CorpFilings@wvsos.gov](mailto: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 e-Payment Authorization 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 Office**

**One-Stop Business Center**  
1615 Washington Street East  
Charleston, WV 25311  
Phone: (304) 558-8000  
Fax: (304) 558-8381  
Hours: Mon. - Fri. 8:30a - 5:00p EST

**Clarksburg Office**

**North Central WV Business Center**  
200 West Main Street  
Clarksburg, WV 26301  
Phone: (304) 367-2775  
Fax: (304) 627-2243  
Hours: Mon. -Fri. 9:00a - 5:00p EST

**Martinsburg Office**

**Eastern Panhandle Business Center**  
229 E. Martin Street  
Martinsburg, WV 25401  
Phone: (304) 356-2654  
Fax: (304) 260-4360  
Hours: Mon. - Fri. 9:00a - 5:00p EST

**West Virginia Secretary of State**

Business &amp; Licensing Division

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Website: [www.wvsos.gov](http://www.wvsos.gov)E-mail: [CorpFilings@wvsos.gov](mailto:CorpFilings@wvsos.gov)

Rev. 11/2017

**Customer Order Request****SUBMIT THIS COMPLETED FORM WITH YOUR FILING.****Order Processing Requested\*:** **Standard Processing\***(Avg. processing turnaround  
**5-10 business days**)\* "Processing" indicates the filing will  
be completed and registered in the  
Secretary of State registration database.

Name of Entity: The Mandatory Poster Agency, Inc.

Return filing to: 5859 W. Saginaw Hwy., #343  
(Return Address) Lansing, MI 48917

Contact Name: Michael Bishop

Phone: 5173214144

**Return Delivery Options:** Email or Fax options do not receive a copy via mail; must be ordered separately. Email to: michaelb@llpsinc.com Fax to: \_\_\_\_\_ Hold for Pick Up Mail to Return Address above FedEx: Acct # \_\_\_\_\_ Other (explain below): UPS: Acct # \_\_\_\_\_**Order Description** (include items being ordered and fee breakdown):

Please withdrawl this entity. We have not conducted business under this business name since December of 2017.

\* **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 additional \$15 per certified copy being requested.

**Total Amount:** 25.00**Payment Method:** Check/Money Order Credit Card(Must attach e-Payment Authorization request form including payment information.) Cash (Do Not mail cash) Pre-paid Acct #:

Attach signed pre-paid slip.



## e-Payment Authorization

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.

Service Type:  Fax  E-mail  Mail

### Payment by Card (card holder name and billing address required below)

Card Type:  Visa  Mastercard  Discover  American Express

Credit Card Number:

4 8 0 2 1 3 7 6 2 5 6 7 9 9 3 3      392

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

City  State  Zip Code

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

Authorized Signature

Not to Exceed Amount: USD \$