



# THE WEST VIRGINIA STATE BAR

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## PROFESSIONAL LIMITED LIABILITY COMPANY AMENDMENT ANNUAL RENEWAL FORM **DEADLINE FOR ANNUAL RENEWAL: JULY 1**

### INSTRUCTIONS

1. Each application shall be accompanied by a fee of \$100.00 for renewals or \$25.00 for amendments, made payable to: The West Virginia State Bar.
- 2. ATTACH A COPY OF THE CURRENT CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE FOR THE PLLC.**
3. Complete the form below and send to the WV State Bar address above with Attention: PLLC Renewal.

1. The name of the PLLC as currently registered with the Secretary of State:

\_\_\_\_\_

- a. Requested Change in Name (if applicable):

\_\_\_\_\_

2. The address of the initial designated office of the company in West Virginia is:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- a. Requested change in designated office address (if applicable):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. The address of the principal office of the company is:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

a. Requested change in address of the principal office of the company is (if applicable):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. The name and contact information for the PLLC representative responsible for updating information regarding the PLLC and the PLLC's IOLTA Account, and upon whom service of process should be made:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Rule 1.15 of the West Virginia Rules of Professional Conduct establishes a comprehensive Interest on Lawyers Trust Accounts (IOLTA) program effective September 15, 1991.

This Notice of Compliance with Rule 1.15 must be filed annual with The West Virginia State Bar by each West Virginia lawyer participating in the IOLTA program, as required by The State Bar's Operating Regulations and Procedures for the Comprehensive IOLTA Program. A copy of Rules 1.15, instructions for completing the Notice of Compliance, and the Operating Regulations can be foundation online at [www.wvbar.org](http://www.wvbar.org)

(If more than one account please attach additional on separate page)

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_