

This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Resignation of Registered Agent

SUBMIT IN DUPLICATE

Type or print clearly.

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Filing Fee: \$5

Approved:

1. Limited Liability Company name: _____

2. Registered agent's name and registered address:

Registered agent: _____
First Name Middle Initial Last Name

Registered office: _____
Number Street Suite #
(P.O. Box alone or c/o is unacceptable.) _____ **IL** _____
City ZIP

3. Address of the principal office of the Limited Liability Company as such is known to the registered agent: (P.O. Box alone is unacceptable.)

4. Effective date of resignation: The agent resigns effective the 30th day after filing by the Secretary of State.
 The agent resigns on another date not less than 30 days after the filing by the Secretary of State: _____. (See Note 1.)
Month/Day/Year

5. The resigning registered agent has sent a copy of this notice to the principal office of the Limited Liability Company by registered or certified mail at least 10 days prior to the date of its filing with the Secretary of State.

6. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Dated _____, _____.
Month/Day Year

Dated _____, _____.
Month/Day Year

By _____
Signature of registered agent (See Note 2.)

By _____
Signature of principal officer (See Note 3.)

Name (type or print)

Name and Title (type or print)

- NOTE:** 1. Add a minimum of 10 days to the effective date if mailing the form.
2. If registered agent is an individual, this notice shall be signed by the registered agent.
3. If registered agent is a business entity, this notice shall be signed by a principal officer, or as authorized by the governing statute.