

**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

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

**Affidavit of Compliance for Service on Secretary of State**

**SUBMIT IN DUPLICATE**  
Type or Print Clearly

This space for use by Secretary of State.

**Filing Fee: \$5**  
**Approved:**

This space for use by Secretary of State.

1. Name of Limited Liability Company being served: \_\_\_\_\_

2. Title of Case and Case Number:

\_\_\_\_\_ First Named Plaintiff  
v. \_\_\_\_\_ First Named Defendant } Number: \_\_\_\_\_

3. Title of Court in which an action, suit or proceeding has been commenced: \_\_\_\_\_

4. Title of Instrument being served: \_\_\_\_\_

5. A Copy of the Process, Notice or Demand, together with any papers required by law to be delivered with service, are hereby attached.

6 Address to which the undersigned has caused a copy of the attached process, Notice or Demand to be sent by certified or registered mail: \_\_\_\_\_

7. The Secretary of State is irrevocably appointed as an agent of a Limited Liability Company upon the following basis:

- a.  The Limited Liability Company's registered agent cannot with reasonable diligence be found at the registered office in Illinois.
- b.  The Limited Liability Company has failed to appoint and maintain a registered agent in Illinois.
- c.  The Limited Liability Company was dissolved on \_\_\_\_\_; the conditions of paragraphs a and b above exist; and the action, suit or proceeding against or affecting the company has been instituted.  
Month, Day, Year
- d.  The Limited Liability Company has been dissolved on \_\_\_\_\_; the conditions of a. or b. above exist, and a criminal proceeding against or affecting the company has been instituted.  
Month, Day, Year
- e.  The Limited Liability Company is a foreign limited liability company admitted to transact business in Illinois that has been revoked or withdrawn on \_\_\_\_\_.  
Month, Day, Year

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

\_\_\_\_\_  
Signature of Affiant Month/Day Year

\_\_\_\_\_  
Name (print)  
( ) \_\_\_\_\_  
Telephone Number

**RETURN TO: (Please type or print clearly.)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, ZIP