

Illinois
Limited Liability Company Act
Statement of Termination

FILE #
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

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$5
Approved:

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

- Limited Liability Company name: _____
- Post Office address to which a copy of any process against the Limited Liability Company that may be served on the Secretary of State may be mailed:

- The Limited Liability Company has been terminated.
- The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Statement of Termination is to the best of my knowledge and belief, true, correct and complete.

Dated _____, _____
Month & Day Year

Signature

Name and Title (type or print)

If applicant is signing for a company or other entity, state name of company or entity.

RETURN TO: (Please type or print clearly.)

Name

Street

City, State, ZIP Code