

Form **LLP 4**
August 2020

Illinois
Uniform Partnership Act

FILE #

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

**LLP Request Form for Certificates
of Existence and/or Copies
of Documents**

Submit 6 digit file # above

Fax to: 217-524-3390

Email to: sosbslld@ilsos.gov

1. Limited Liability Partnership Name: _____

Request for:

- Routine** Certificate of Existence\$25
- Expedited** Certificate of Existence\$45
- Routine** Certified Copy of Statement of Qualification\$25
- Expedited** Certified Copy of Statement of Qualification\$75
- Routine** Certified Copy of Other Document (list below)\$25
- Expedited** Certified Copy of Other Document (list below)\$75

Name of Document

Date Filed

2. In addition to the above fees, an additional payment processor fee will be charged when paying by credit card (minimum \$1).

A payment account must be created and used to pay for this transaction. Do not send credit card information with this request.

Create a secure payment account at <https://magic.collectorsolutions.com/magic-ui/en-US/Login/ilsos-bs>.

Enter the name of the account and the assigned account number below.

Name on Account: _____

Account Number: _____

3. Name, Email and Daytime Phone Number of Contact Person:

Name

Email

Telephone Number

4. Shipment Method (check one):

- Regular Mail (Complete 5a.)
- Express Mail (Complete 5a. and 5b.)
- Fax (Complete 5c.)
- Email (Complete 5d.)

5a. Send to:

First Name

Middle Initial

Last Name

Number

Street

Suite #

City

State

ZIP

5b. Express Mail Carrier and Account Number:

Carrier Name

Account Number

5c. Fax to:

Name

Fax Number

5d. Email: _____

**Expedited requests are processed in 24 hours.
Routine requests are processed in 10 business days.**