

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

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void. Please do not send cash.

Illinois
Uniform Limited Partnership Act
**Resignation of Agent
for Service of Process**

FILE #

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Please type or print clearly.

Filing Fee: \$50
Approved:

1. Limited Partnership Name: _____

2. Address of the Designated Office of the Limited Partnership, as such is known to the registered agent:

Street Address (P.O. Box alone is unacceptable.)

City, State, ZIP

3. Registered Agent's Name and Registered Office Address currently on record:

Registered Agent: _____
Name

Registered Office: _____
Street Address (P.O. Box alone is unacceptable.)

City (must be in Illinois)

IL

ZIP

4. Effective Date of Resignation:

The agent resigns effective the 31st day after filing by the Secretary of State.

Another date not less than 30 days after the filing by the Secretary of State _____ (See Note)
Month/ Day /Year

5. A copy of this notice has been sent to the Designated Office of the Limited Partnership by registered or certified mail at least 10 days prior to the date of its filing with the Secretary of State.

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

Dated: _____

Signature of Registered Agent

Name and Title (type or print)

Name of Agent if a corporation or other entity

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**

Note: Add additional time if mailing a form