

Secretary of State

Department of Business Services

Limited Liability Division

501 S. Second St., Rm. 351

Springfield, IL 62756

217-524-8008

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.

Illinois Limited Worker
Cooperative Association Act
**Statement of Authority
Amendment or Cancellation**

FILE #

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$25

Approved:

1. Limited Worker Cooperative Association name: _____

2. Address of principal place of business: _____
Street Address (Address must be street address; P.O. Box alone is unacceptable.)

_____ City, _____ State _____ ZIP

3. State name of a member, manager or other person and the authority or the limitations on authority regarding the execution of an instrument transferring real property held in the name of the company or other actions that bind the company:

4. If applicable, the filing of this statement cancels or amends a statement in effect.

File date or effective date of original statement: _____, _____
Month, Day Year

Description of the amendment or a declaration the statement is canceled:

5. I affirm, under penalties of perjury, having authority to sign hereto, that the foregoing Statement is to the best of my knowledge and belief true, correct and complete.

_____, _____
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.