

Form **LLC-1.35**

April 2010

**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

Make check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois  
Limited Liability Company Act  
**Resignation of Registered Agent**

**FILE #:** \_\_\_\_\_

This space for use by Secretary of State.

**SUBMIT IN DUPLICATE**

Type or print clearly.

This space for use by Secretary of State.

**Date:**

**Filing Fee:** \$100

**Approved:**

1. Limited Liability Company Name: \_\_\_\_\_

2. Registered Agent's Name and Registered Address:

Registered Agent: \_\_\_\_\_  
First Name Middle Initial Last Name

Registered Office: \_\_\_\_\_  
(P.O. Box alone or c/o is unacceptable.) Number Street Suite #  
City ZIP Code

3. Address of the Principal Office of the Limited Liability Company as such is known to the Registered Agent: (P.O. Box alone or c/o is unacceptable.)

4. Effective Date of Resignation: \_\_\_\_\_ (Not less than 30 days after the date of filing this form. See Note 1.)  
Month, Day, Year

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

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

Dated \_\_\_\_\_, \_\_\_\_\_.  
Month/Day Year

By \_\_\_\_\_ By \_\_\_\_\_  
Signature of Principal Officer (See Note 2.) Signature of Registered Agent (See Note 3.)

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Name (type or print)

- NOTE:**
- 1. Add additional time if mailing the form.
  - 2. If registered agent is an individual, this notice shall be signed by the registered agent.
  - 3. If registered agent is a corporation, this notice shall be signed by a principal officer.