

Secretary of State Jesse White
Department of Business Services
Limited Liability Company Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by business firm 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

Must be typewritten.

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 County

3. Address, including County, 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. The Registered Agent Resigns, effective on: _____, **which is 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.

YES date sent: _____

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

Dated _____,
Month & Day Year

By _____
Signature of Principal Officer (See Note 2.)

By _____
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.