

Illinois Limited Liability Company Act
**Affidavit of Compliance for
Service on Secretary of State**

FILE # _____

This space for use by Secretary of State.

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

SUBMIT IN DUPLICATE

Type or Print Clearly

This space for use by Secretary of State.

**Payment may be made by check
payable to Secretary of State. If
check is returned for any reason this
filing will be void.**

Filing Fee: \$100

Approved:

1. Name of Limited Liability Company being served: _____

2. Title of Case and Case Number:

_____ First Named Plaintiff
v. _____ First Named Defendant } Number: _____

3. Title of Court in which an action, suit or proceeding has been commenced: _____

4. Title of Instrument being served: _____

5. A Copy of the Process, Notice or Demand, together with any papers required by law to be delivered with service, are hereby attached.

6. Address to which the undersigned has caused a copy of the attached process, Notice or Demand to be sent by certified or registered mail: _____

7. The Secretary of State is irrevocably appointed as an agent of a Limited Liability Company upon the following basis:

- a. The Limited Liability Company's registered agent cannot with reasonable diligence be found at the registered office in Illinois.
- b. The Limited Liability Company has failed to appoint and maintain a registered agent in Illinois.
- c. The Limited Liability Company was dissolved on _____; the conditions of paragraphs a and b above exist; and the action, suit or proceeding against or affecting the company has been instituted.
Month, Day, Year
- d. The Limited Liability Company has been dissolved on _____; the conditions of a. or b. above exist, and a criminal proceeding against or affecting the company has been instituted.
Month, Day, Year
- e. The Limited Liability Company is a foreign limited liability company admitted to transact business in Illinois that has been revoked or withdrawn on _____.
Month, Day, Year

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

Signature of Affiant Month/Day, Year

Name (print) ()

Telephone Number

RETURN TO: (Please type or print clearly.)

Name

Street

City, State, ZIP