

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

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 Liability Company Act
a. Application for Registration of Name
b. Renewal of Registered Name
c. Cancellation of Registered Name

SUBMIT IN DUPLICATE

Typed or Print Clearly

This space for use by Secretary of State.

Filing Fee: a) \$300 b) \$100 c) \$100

Approved:

FILE #

This space for use by Secretary of State.

1. Limited Liability Company name: _____

2. State or country of organization: _____

3. Date of organization: _____

4. Purpose for which the Limited Liability Company was organized:

5. Post-office address to which may be mailed notices by the Secretary of State: _____

6. The Limited Liability Company desires to register its name pursuant to Section 45-20, and it is NOT transacting business in the State of Illinois.

7. If the purpose of this submission is to register a name or to renew a registered name, a certificate not more than 30 days old must be attached stating that the Limited Liability Company is in good standing under the laws of the state or country wherein it is organized.

8. Such registration or renewal of registration shall be effective from the date of filing by the Secretary of State until the first day of the 12th month following such date.

9. The cancellation shall be effective upon filing with the Secretary of State.

10. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application is to the best my knowledge and belief, true, correct and complete.

Dated: _____, _____
Month/Day Year

Signature

Name and Title (type or print)

If applicant is a company or other entity, state name of company and indicate whether it is a member or manager of the LLC.