

**Illinois
Limited Liability Company Act
Application for Withdrawal**

FILE #: _____

Secretary of State

Department of Business Services
Limited Liability Division
501 S. Second St., Room 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

This space for use by Secretary of State.

SUBMIT IN DUPLICATE.

Must be typewritten.

This space for use by Secretary of State.

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.

Filing Fee: \$ 100

Approved: _____

1. Limited Liability Company Name: _____

2. State or Country of Organization: _____

3. Street Address to which a copy of any process against the company served on the Secretary of State may be mailed: _____

4. The company is not transacting business in Illinois.

5. The company surrenders its admission to transact business in Illinois.

6. The company revokes the authority of its registered agent in Illinois and consents that service of process may hereafter be made on the company by service thereof upon the Secretary of State.

7. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for withdrawal is to the best of 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 whether it is a member or manager of the LLC.