

Secretary of State Jesse White
Department of Business Services
Limited Liability Company Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-9008
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
Application for Withdrawal — Domestic

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:

- Limited Liability Company Name: _____

- File Number assigned by Secretary of State: _____
- Federal Employer Identification Number (F.E.I.N.): _____
- The company made an original filing of its Articles of Organization with the Secretary of State on _____ Date
with an effective date of _____, and now wishes to withdraw that filing per Section 5-40(b).

5. 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 indicate whether it is a member or manager of the LLC.