

Illinois  
Limited Liability Company Act  
**Statement of Correction**

**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.**

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.

**Date:** \_\_\_\_\_  
**Filing Fee:** \$25  
**Approved:** \_\_\_\_\_

1. Limited Liability Company Name: \_\_\_\_\_
2. State or Country of Organization: \_\_\_\_\_
3. Title of Document to be Corrected: \_\_\_\_\_
4. Date erroneous Document filed by Secretary of State: \_\_\_\_\_
5. Inaccuracy, Error or Defect:  
(Briefly identify the error and explain how it occurred. If more space is needed, use reverse side or attach additional sheets of this size.)

6. Corrected portion(s) of Document in corrected form:  
(If more space is needed, use reverse side or attach additional sheets of this size.)

7. I affirm, under the penalties of perjury, having the authority to sign hereto, that this Statement of Correction 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.

