

Illinois  
Limited Liability Company Act  
**Petition for Refund**

**FILE #**

**Secretary of State Jesse White**  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 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.

**Date:**

**Filing Fee: \$15**

**Approved:**

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.

1. Limited Liability Company Name: \_\_\_\_\_

2. File Number assigned by the Secretary of State: \_\_\_\_\_

3. State of Organization: \_\_\_\_\_

4. Amount of Claim: \_\_\_\_\_  
No refund shall be made from an overpayment of less than \$200.  
Any amount to be refunded shall be reduced by \$200.

5. Details of Transaction and all facts upon which the petitioner relies:  
(If there is not sufficient space to cover this point, attach additional sheets of this size.)

6. I affirm, under the penalties of perjury, having the authority to sign hereto, that this penalty form 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.