

Secretary of State

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
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. Please do not send cash.

Illinois
Uniform Limited Partnership Act
Statement of Termination of Certificate of Limited Partnership

SUBMIT IN DUPLICATE

Please type or print clearly.

Filing Fee: \$25

Approved:

FILE #

This space for use by Secretary of State.

1. Limited Partnership Name: _____

2. Date of filing initial Certificate of Limited Partnership: _____

3. Address to which the Secretary of State may mail a copy of any process against the Limited Partnership that may be served on him/her (P.O. Box only is unacceptable):

The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete. **All General Partners are required to sign the Statement of Termination, except as provided in Section 204(3) or (4).**

1. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

2. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

3. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

4. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.**