

DO NOT STAPLE

**FORM  
UPA-Withdrawal  
(1001(e)/1102(f))**

**Illinois Uniform Partnership Act  
Statement of Withdrawal of  
Limited Liability Partnership Status**

FILE # \_\_\_\_\_

This space for use by  
Secretary of State.

**Secretary of State  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 357  
Springfield, IL 62756  
217-785-8960  
www.cyberdriveillinois.com**

**Submit in Duplicate**

**This space for use by Secretary of State.**

**Payment must be made by certified check,  
cashier's check, Illinois attorney's check,  
Illinois C.P.A.'s check or money order  
payable to Secretary of State.**

**Date:  
Assigned File #:  
Filing Fee: \$100  
Approved:**

1. Limited Liability Partnership Name: \_\_\_\_\_
2. Federal Employer Identification Number (FEIN): \_\_\_\_\_
3. State of Jurisdiction: \_\_\_\_\_
4. Effective Date of Initial Registration in Illinois: \_\_\_\_\_
5. Status as a Limited Liability Partnership is voluntarily withdrawn.
6. Address of Chief Executive Office (P.O. Box alone and c/o are unacceptable.): \_\_\_\_\_  
\_\_\_\_\_
7. Illinois Registered Agent: \_\_\_\_\_  
Illinois Registered Office (P.O. box alone and c/o are unacceptable.): \_\_\_\_\_  
\_\_\_\_\_
8. We declare, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ by at least two partners.  
Day Month Year

1. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Name if a Corporation or other Entity

2. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Name if a Corporation or other Entity

1. \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State, ZIP

2. \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State, ZIP