

DO NOT STAPLE

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

**Illinois Uniform Partnership Act
Statement of Withdrawal**

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

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.

Submit in Duplicate

This space for use by Secretary of State.

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

- Registered Limited Liability Partnership Name: _____
- Federal Employer Identification Number (FEIN): _____
- State of Jurisdiction: _____
- Effective Date of Initial Registration in Illinois: _____
- Secretary of State Assigned File Number: _____
- Address of Chief Executive Office (P.O. Box alone and c/o are unacceptable.): _____

- Illinois Registered Agent: _____
Illinois Registered Office (P.O. box alone and c/o are unacceptable.): _____

- 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