

Illinois
Uniform Partnership Act
Statement of Dissociation

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
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Type or Print Clearly.

Filing Fee: \$25

Approved: _____

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

1. Partnership Name: _____
(Name must be stated exactly as on record with the Secretary of State.)

2. Check one: Partnership or Limited Liability Partnership

3. Federal Employer Identification Number: _____

4. Partner dissociated from partnership: _____

The undersigned declares the above-named partner to be dissociated from the Partnership. The undersigned declares 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 a partner.
Day Month Year

If filed by a dissociating partner, the dissociating partner must sign.

Signature

Name and Title (type or print)

Number, Street Address

City, State, Zip

If filed by the partnership, a partner must sign.

Signature

Name and Title (type or print)

Number, Street Address

City, State, Zip