

Illinois
Uniform Partnership Act
Statement of Dissolution

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: \$100

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. The above-named partnership has dissolved and is winding up its business.

5. This Statement of Dissolution cancels the Statement of Partnership Authority in accordance with Section 303(d) and 303(e). Date the Statement of Partnership Authority was filed with the Office of the Secretary of State: _____
Month/Day/Year

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

Signature

Name and Title (type or print)

Number, Street Address

City, State, Zip