

**Secretary of State**  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
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.**

Illinois  
**Limited Liability Company Act  
Statement of Authority  
Amendment or Cancellation**

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

This space for use by Secretary of State.

**SUBMIT IN DUPLICATE**

Type or print clearly.

**Filing Fee: \$50**

**Approved:**

1. Limited Liability Company name: \_\_\_\_\_

2. Address of principal place of business: \_\_\_\_\_  
Street Address (Address must be street address; P.O. Box alone is unacceptable.)

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

3. State name of a member, manager or other person and the authority or the limitations on authority regarding the execution of an instrument transferring real property held in the name of the company or other actions that bind the company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If applicable, the filing of this statement cancels or amends a statement in effect.

File date or effective date of original statement: \_\_\_\_\_, \_\_\_\_\_  
Month, Day Year

Description of the amendment or a declaration the statement is canceled:

\_\_\_\_\_  
\_\_\_\_\_

5. I affirm, under penalties of perjury, having authority to sign hereto, that the foregoing Statement is to the best of my knowledge and belief true, correct and complete.

\_\_\_\_\_, \_\_\_\_\_  
Month, Day Year

\_\_\_\_\_  
Signature

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

If applicant is signing for a company or other entity, state name of company or entity.