

Illinois
Limited Liability Company Act
Statement of Denial

FILE # _____

This space for use by Secretary of State.

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.

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$10

Approved: _____

1. Limited Liability Company name: _____

2. The caption of the Statement of Authority that is denied: _____

3. Filed or effective date of original Statement of Authority: _____, _____
Month, Day Year

4. The undersigned declares, under penalties of perjury, having authority to sign hereto, that this Statement of Denial is to the best of my knowledge and belief, true, correct and complete.

Date: _____, _____
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.