

Form **LLC-35.3**
 May 2014

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
Revocation of Dissolution

SUBMIT IN DUPLICATE
 Type or Print Clearly.

Filing Fee: \$100 (see notes)
Approved:

FILE #

This space for use by Secretary of State.

1. Limited Liability Company Name: _____

2. Name of Limited Liability Company, as changed (see notes):

3. Date of Voluntary Dissolution filed by the Secretary of State: _____
Month/Day/Year

4. The members of the limited liability company have unanimously waived the right to have the company's business wound up and the company terminated. Date this revocation of dissolution was authorized by the members: _____
Month/Day/Year

5. Name and Address of Registered Agent and Registered Office (see notes):

Registered Agent: _____
First Name Middle Last Name

Registered Office: _____
Number Street Suite No. (P.O. Box alone is unacceptable)

_____, IL _____
City Zip Code

The undersigned affirms, under penalties of perjury, having authority to sign hereto, is to the best of my knowledge and belief, true, correct and complete.

_____, _____
Month/Day Year

Signature

Name and Title (type or print)

If the member or manager signing this document is a company or other entity, state name of company and indicate whether it is a member or manager of the Limited Liability Company.

Notes: This application must be accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports due and therefore becoming due, together with all the fees and penalties required. To change the company name, submit with form LLC 5.25. To change the registered agent and/or office, submit with form LLC 1.36/1.37.