

**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  
**Application for Withdrawal**

**SUBMIT IN DUPLICATE**

Type or print clearly.

**Filing Fee: \$5**  
**Approved:**

FILE #

This space for use by Secretary of State.

1. Limited Liability Company name: \_\_\_\_\_  
\_\_\_\_\_
2. State or country of organization: \_\_\_\_\_
3. Street address to which a copy of any process against the company served on the Secretary of State may be mailed:  
\_\_\_\_\_  
\_\_\_\_\_
4. The company is not transacting business in Illinois.
5. The company surrenders its admission to transact business in Illinois.
6. The company revokes the authority of its registered agent in Illinois and consents that service of process may hereafter be made on the company by service thereof upon the Secretary of State.
7. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for withdrawal is to the best of my knowledge and belief, true, correct and complete.

Dated \_\_\_\_\_, \_\_\_\_\_  
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.

RETURN TO: (Please type or print clearly.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

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