

**Illinois  
Limited Liability Company Act  
Annual Report**

**FILE #**

**Due prior to:**

**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.**

Type or print clearly.

**Filing Fee: \$75**  
**Series Fee, if required:**  
**Penalty:**  
**Total:**  
**Approved:**

This space for use by Secretary of State.

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

Registered agent: \_\_\_\_\_

Registered office: \_\_\_\_\_ **IL** \_\_\_\_\_  
Number Street Suite City ZIP

2. State or country of organization: \_\_\_\_\_ Date organized in or admitted to Illinois: \_\_\_\_\_

3. Address of principal place of business: (P.O. Box alone is unacceptable.)  
\_\_\_\_\_  
Number Street Suite City, State ZIP

4. Names and business addresses of managers and any member with the authority of manager:

Name	Number & Street	City, State	ZIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Add additional sheets of this size if more space is needed.)

- 5. Managers other than a natural person affirm their current existence.
- 6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.
- 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

**A late filing penalty of \$100 will apply if this report is not filed within 60 days after the due date.**

Dated: \_\_\_\_\_, \_\_\_\_\_  
Month/Day Year

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
If applicant is a company or other entity, state name of company or entity.