

**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

**Petition for Refund**

**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. Amount of claim: \_\_\_\_\_

No refund shall be made for an overpayment of less than \$200.

Any amount to be refunded shall be reduced by \$200.

4. Details of transaction and all facts upon which the petitioner relies: \_\_\_\_\_

(If there is not sufficient space to cover this point, attach additional sheets of this size.)

5. I affirm, under the penalties of perjury, having the authority to sign hereto, that this Petition for Refund 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.