

Illinois
Uniform Limited Partnership Act
**Assumed Name
Renewal Application**

FILE #

This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE
Please type or print clearly.

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void. Please do not send cash.

Filing Fee: \$150
Approved:

1. Limited Partnership Name: _____

2. Alternate Name, if any (Foreign only): _____

3. Assumed Name to be renewed: _____

4. Registered Agent: _____
Name

Registered Office: _____
Street Address (P.O. Box alone is unacceptable.)

City, State, ZIP

5. **One General Partner must sign the Assumed Name Renewal Application. If the General Partner is a corporation, an authorized officer must sign indicating his/her authority.**

Date: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**