

**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

**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.**

Illinois  
Uniform Limited Partnership Act  
**Resignation of Agent  
for Service of Process**

**FILE #**  
This space for use by Secretary of State.

**SUBMIT IN DUPLICATE**  
Please type or print clearly.

**Filing Fee: \$50**  
**Approved:**

1. Limited Partnership Name: \_\_\_\_\_

2. Address of the Designated Office of the Limited Partnership, as such is known to the registered agent:

\_\_\_\_\_ Street Address (P.O. Box alone is unacceptable.)

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

3. Registered Agent's Name and Registered Office Address currently on record:

Registered Agent: \_\_\_\_\_  
Name

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

\_\_\_\_\_ **IL** \_\_\_\_\_  
City (must be in Illinois) ZIP

4. Effective Date of Resignation:

- The agent resigns effective the 31st day after filing by the Secretary of State.
- Another date not less than 30 days after the filing by the Secretary of State \_\_\_\_\_ (See Note)  
Month/ Day /Year

5. A copy of this notice has been sent to the Designated Office of the Limited Partnership by registered or certified mail at least 10 days prior to the date of its filing with the Secretary of State.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Registered Agent

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

\_\_\_\_\_  
Name of Agent if a 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.**

Note: Add additional time if mailing a form