

Illinois
Uniform Partnership Act
Resignation of Registered Agent

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

Type or print clearly.

Filing Fee: \$25

Approved:

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

1. Partnership Name: _____

2. Federal Employer Identification Number (F.E.I.N): _____

3. Registered Agent's Name and Registered Address:

Registered Agent:

First Name Middle Initial Last Name

Registered Office:

(P.O. Box alone or C/O is unacceptable.)

Number Street Suite#

City **IL** Zip

4. Effective Date of Registration: 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 Note1.)

The resigning agent has caused a copy of this notice to be sent by registered or certified mail to the Chief Executive Office of the Limited Liability Partnership at least 10 days prior to the date of its filing with the Secretary of State.

5. The undersigned declares, under penalties of perjury, that the facts stated herein are true.

Dated _____ 20 _____
Month, Day Year

Dated _____ 20 _____
Month, Day Year

By _____
Signature of Registered Agent (See Note 2.)

By _____
Signature of Registered Agent (See Note 3.)

Name (type or print)

Name (type or print)

NOTE: 1. Add additional time of mailing the form.

2. If registered agent is an individual, this notice shall be signed by the registered agent.

3. If registered agent is a corporation, this notice shall be signed by a principal officer.