

Illinois
Uniform Partnership Act
Statement of Denial

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: _____
(Name must be stated exactly as on record with the Secretary of State.)

2. Check one: Partnership or Limited Liability Partnership

3. Federal Employer Identification Number: _____

4. The Fact that is being denied: _____

The undersigned declares, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the _____ of _____, _____ by a partner.
Day Month Year

Signature

Name and Title (type or print)

Number, Street Address

City, State, Zip