

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

Resignation of Registered Agent

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Type or print clearly.

This space for use by Secretary of State.

Make check payable to Secretary of State. If check is returned for any reason this filing will be void.

Filing Fee: \$100

Approved:

1. Limited Liability Company Name: _____

2. Registered Agent's Name and Registered Address:

Registered Agent: _____
First Name Middle Initial Last Name

Registered Office: _____
(P.O. Box alone or Number Street Suite #
c/o is unacceptable.) _____
City ZIP Code

3. Address of the Principal Office of the Limited Liability Company as such is known to the Registered Agent: (P.O. Box alone is unacceptable.)

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 1.)
Month/Day/Year

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

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

Dated _____, _____.
Month/Day Year

Dated _____, _____.
Month/Day Year

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

By _____
Signature of Principal Officer (See Note 3.)

Name (type or print)

Name (type or print)

- NOTE: 1. Add additional time if 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.