

April 2010

Secretary of State

Department of Business Services
Limited Liability Company Division
501 S. Second St., Rm. 351
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.

Illinois
Limited Liability Company Act
**Application for Withdrawal –
Domestic**

SUBMIT IN DUPLICATE

Type or Print Clearly.

This space for use by Secretary of State.

Filing Fee: \$100

Approved:

FILE #: _____

This space for use by Secretary of State.

1. Limited Liability Company Name: _____

2. The company made an original filing of its Articles of Organization with the Secretary of State on _____ Date

with an effective date of _____, and now wishes to withdraw that filing per Section 5-40(b).

3. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for withdrawal is to the best of my knowledge and belief, true, correct and complete.

Dated: _____, _____
Month/Day Year

Signature of Organizer

Name (type or print)

If organizer is a Company or other Entity,
state Name of Company and Title of Signer.