

FORM UPA-704
January 2004

Illinois Uniform Partnership Act
Statement of Dissociation

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

**Secretary of State
Department of Business Services
LLP/RLLP Division
Uniform Partnership Section
357 Howlett Building
Springfield, IL 62756**

**217-785-8960
www.cyberdriveillinois.com**

**Submit in duplicate.
Please type or print clearly.**

This space for use by Secretary of State.

Date:
Assigned File #:
Filing Fee: \$25
Approved:

- Partnership Name: _____
(Name must be stated exactly as on record with the Secretary of State.)
- File Number: _____ Federal Employer Identification Number: _____
- Partner dissociated from partnership: _____

I/We declare the above-named partner(s) to be dissociated from the Limited Liability Partnership. I/We declare 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

If filed by a dissociating partner, the dissociating partner must sign.

_____ Signature	_____ Number, Street Address
_____ Name and Title (type or print)	_____ City, State, ZIP

If filed by the partnership, two partners must sign.

_____ Signature	_____ Number, Street Address
_____ Name and Title (type or print)	_____ City, State, ZIP

_____ Signature	_____ Number, Street Address
_____ Name and Title (type or print)	_____ City, State, ZIP

Please submit this form in duplicate along with the \$25 filing fee.
Signatures must be in BLACK INK on an original document.