

**Secretary of State Jesse White**  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

Payment may be made by business  
firm check payable to Secretary of  
State. If check is returned for any rea-  
son this filing will be void.

**Illinois**  
**Limited Liability Company Act**  
**Articles of Dissolution**

**SUBMIT IN DUPLICATE**  
Must be typewritten.

This space for use by Secretary of State.

**Date:**  
**Filing Fee: \$100**  
**Approved:**

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

1. Limited Liability Company Name: \_\_\_\_\_

2. Post Office Address to which a copy of any process against the Limited Liability Company that may be served on the Secretary of State may be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. All debts, obligations and liabilities of the Limited Liability Company have been paid and discharged or adequate provision has been made therefor.
- 4. All remaining property and assets of the Limited Liability Company have been distributed among the members in accordance with their respective rights and interest.
- 5. There are no suits pending against the company in any court or that adequate provision has been made for the satisfaction of any judgment, order or decree that may be entered against it in any pending suit.
- 6. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that these Articles of Dissolution are to the best of my knowledge and belief, true, correct and complete.

Dated \_\_\_\_\_, \_\_\_\_\_  
Month & Day Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Name if a Company or other Entity  
and whether a member or manager of the LLC.

RETURN TO: (Please type or print clearly.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, ZIP Code

