

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

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

Petition for Refund

SUBMIT IN DUPLICATE

Type or print clearly.

This space for use by Secretary of State.

Date:
Filing Fee: \$15
Approved:

FILE #

This space for use by Secretary of State.

1. Limited Liability Company Name: _____

2. State of Organization: _____

3. Amount of Claim: _____

No refund shall be made from an overpayment of less than \$200.
Any amount to be refunded shall be reduced by \$200.

4. Details of Transaction and all facts upon which the petitioner relies:
(If there is not sufficient space to cover this point, attach additional sheets of this size.)

5. I affirm, under the penalties of perjury, having the authority to sign hereto, that this penalty form is to the best of my knowledge and belief, true, correct and complete.

Date: _____, _____
Month/Day Year

Signature

Name and Title (type or print)

If applicant is a Company or other Entity, state Name of Company and indicate whether it is a member or manager of the LLC.