

**Resignation of Agent
for Service of Process**

FILE #:

This space for use by Secretary of State.

Secretary of State

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Please type or print clearly.

This space for use by Secretary of State.

Filing Fee: \$50

Approved:

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

Payment must be made by check payable to Secretary of State.
Please do not send cash.

1. Limited Partnership Name: _____

2. Address of the Principal Office of the Limited Partnership, as such is known to the registered agent:

Street Address (P.O. Box alone is unacceptable.)

City, State, ZIP

3. Federal Employer Identification Number (F.E.I.N.): _____

4. Limited Partnership's Registered Agent's Name and Registered Office Address:

Registered Agent: _____
Name

Registered Office: _____
Street Address (P.O. Box alone is unacceptable.)

City (must be in Illinois)

ZIP

5. The agency for service of process is terminated on the 31st day after the Secretary of State files the statement of resignation.

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

Dated: _____

Signature of Registered Agent

Name and Title (type or print)

Name of Agent if a corporation or other entity

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**