

Illinois Uniform Limited Partnership Act
**Statement of Termination of
Certificate of Limited Partnership**

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: \$25

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. Date of filing initial Certificate of Limited Partnership: _____
3. Federal Employer Identification Number (F.E.I.N.): _____
4. Address to which the Secretary of State may mail a copy of any process against the Limited Partnership that may be served on him/her (P.O. Box only is unacceptable):

The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.
All General Partners are required to sign the Statement of Termination.

1. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

2. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Form LP 203

3. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

4. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if 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.**