

Illinois
Limited Liability Company Act
Annual Report

FILE #

Due prior to:

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.

This space for use by Secretary of State.

Type or Print Clearly.

This space for use by Secretary of State.

Filing Fee: \$250
Series Fee, if required:
Penalty:
Total:
Approved:

1. Limited Liability Company Name: _____

Registered Agent: _____

Registered Office: _____ IL _____
Number Street Suite City Zip

2. State or Country of Organization: _____ Date Organized in or Admitted to Illinois: _____

3. Address of Principal Place of Business: (P.O. Box alone is unacceptable.)

Number Street Suite City, State Zip

4. Names and Addresses of Managers or Members:

Name Number & Street City, State Zip Select One: MGR/MBR

5. Entity managers/members affirm their current existence.

6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.

7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date.

Dated: _____, _____
Month/Day Year

Signature

Name and Title (type or print)

If applicant is a company or other entity, state Name of Company and whether a member or manager of the LLC.