

**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.

Type or print clearly.

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

This space for use by Secretary of State.

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 business addresses of managers and any member(s) with the authority of manager:

Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP
Name	Number & Street	City, State	ZIP

(Add additional sheets of this size if more space is needed.)

5. Managers other than a natural person 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 or entity.