

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
a) Application to Reserve a Name
b) Transfer of Reserved Name
c) Cancellation of Reserved Name

FILE #

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Type or print clearly.

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Filing Fee: a) \$300 b) \$100 c) \$100

Approved:

APPLICATION TO RESERVE A NAME

1. Limited Liability Company Name to be reserved: _____

The LLC name must contain the words "Limited Liability Company", L.L.C. or LLC and cannot contain the terms Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership, or L.P.

2. Name of Applicant: _____

Address of Applicant: _____

3. The undersigned hereby applies for reservation of the above listed Limited Liability Company name for a period of 90 days. **This document is optional and, once filed, it does not establish a Limited Liability Company.**

Dated _____, _____
Month & Day Year

Signature of Applicant

Name and Title (type or print)

If applicant is a Company or other Entity, state Name of Company.

NOTICE OF TRANSFER OF RESERVED NAME

The undersigned _____ hereby transfers to _____
Name of Original Applicant Name of Transferee

_____ the right to use the name _____ for LLC
Address of Transferee

purposes in Illinois. This name was reserved on _____, _____
Month & Day Year

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

Dated _____, _____
Month/Day Year

Signature of Original Applicant

Name and Title (type or print)

If applicant is a Company or other Entity, state Name of Company.

