

Statement of Correction

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.

Filing Fee: \$50

Approved:

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

1. Limited Partnership Name: _____

2. State or Country of formation: _____

3. Title of document to be corrected: _____

4. Date erroneous document filed by Secretary of State: _____

5. Inaccuracy, error or defect (Identify error and briefly explain. Attach 8.5 x 11 sheet of paper, if needed.):

6. Corrected portion(s) of document in corrected form: _____

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

Date: _____
Month, Day, Year

Signature

Name and Title (type or print)

Applicant Name if a Limited Partnership or other entity