

Form **LP 907**

June 2010

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

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

Illinois Uniform Limited Partnership Act

**Cancellation of
Certificate of Authority**

FILE #:

This space for use by Secretary of State.

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 un-
less a self-addressed, stamped envelope is included.

1. Limited Partnership Name: _____
2. Federal Employer Identification Number (F.E.I.N.): _____
3. Alternate Name, if any: _____
4. Assumed Name, if any: _____
5. The Limited Partnership named above is not transacting business in Illinois and surrenders its authority to do so. It revokes the authority of its agent for service of process in Illinois. It now appoints the Secretary of State as its agent for service of process for rights of action arising out of the transaction of business in this state.
6. 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**):

Street Address (P.O. Box alone is unacceptable.)

City, State, ZIP

The original Certificate of Cancellation must be signed by a General Partner. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Dated: _____

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address, City, State, ZIP

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**