

Secretary of State

Department of Business Services
Limited Liability Division
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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
Statement of Correction

FILE # _____

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$25

Approved: _____

1. Limited Liability Company name: _____

2. State or country of organization: _____

3. Title of document to be corrected: _____

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

5. Inaccuracy, error or defect: _____

(Briefly identify the error and explain how it occurred. If more space is needed, use reverse side or attach additional sheets of this size.)

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

(If more space is needed, use reverse side or attach additional sheets of this size.)

7. I affirm, under the 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.

Dated: _____, _____
Month/Day Year

Signature

Name and title (type or print)

If applicant is signing for a company or other entity,
state name of company or entity.