

Illinois  
Uniform Limited Partnership Act  
**Assumed Name  
Renewal Application**

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.ilsos.gov

**SUBMIT IN DUPLICATE**

Please type or print clearly.

Payment may be made by check  
payable to Secretary of State. If check  
is returned for any reason this filing  
will be void. Please do not send cash.

Filing Fee: \$150

Approved:

1. Limited Partnership Name: \_\_\_\_\_

2. Alternate Name, if any (Foreign only): \_\_\_\_\_

3. Assumed Name to be renewed: \_\_\_\_\_

4. Registered Agent: \_\_\_\_\_  
Name

Registered Office: \_\_\_\_\_  
Street Address (P.O. Box alone is unacceptable.)

\_\_\_\_\_  
City, State, ZIP

5. **One General Partner must sign the Assumed Name Renewal Application. If the General Partner is a corporation, an authorized officer must sign indicating his/her authority.**

Date: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
General Partner Name if corporation or other entity

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