

**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

**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.**

Illinois  
Uniform Limited Partnership Act  
**Statement of Termination of Certificate of Limited Partnership**

**SUBMIT IN DUPLICATE**

Please type or print clearly.

**Filing Fee:** \$25

**Approved:**

**FILE #**

This space for use by Secretary of State.

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

2. Date of filing initial Certificate of Limited Partnership: \_\_\_\_\_

3. 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):

\_\_\_\_\_  
\_\_\_\_\_

The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete. **All General Partners are required to sign the Statement of Termination, except as provided in Section 204(3) or (4).**

1. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

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

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

2. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

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

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

3. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

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

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

4. Dated: \_\_\_\_\_  
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.**