

**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.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Please type or print clearly.

Filing Fee: \$150

Approved:

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

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

1. Limited Partnership Name: _____

2. Federal Employer Identification Number (F.E.I.N.): _____

3. Admitting Name, if any (Foreign only): _____

4. Assumed Name to be renewed: _____

5. Registered Agent: _____
Name

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

City, State, ZIP

6. **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.**