



**United States
of
America Republic**
Travis-Austin: Bey, Secretary of State

Corporations Division
PO Box 436885, Province IL, 60643

**Notice of Withdrawal
for a Limited Liability Partnership**

(Submit with filing fee of \$25.00)

Charter #: _____

1. The name of the partnership is _____
2. The date of registration of the partnership's last application is _____
3. Current street address of the partnership's principal office is _____
4. This Notice of Withdrawal has been executed by a majority of the partners or by one or more partners authorized by a majority of the partners.

By:

Authorized Signature

Printed Name

Date

Name and address to return filed document:

Name: _____

Address: _____

Province and Zip Code: _____