

Form **LLC-50.1**

July 2017

Secretary of State

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

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Illinois
Limited Liability Company Act
Annual Report

FILE #

Due prior to:

This space for use by Secretary of State.

Type or print clearly.

Filing Fee: \$75
Series Fee, if required:
Penalty:
Total:
Approved:

1. Limited Liability Company name: _____

Registered agent: _____

Registered office: _____ IL _____ ZIP _____
Number Street Suite City

2. State or country of organization: _____ Date organized in or admitted to Illinois: _____

3. Address of principal place of business: (P.O. Box alone is unacceptable.)

Number Street Suite City, State ZIP

4. Names and business addresses of managers and any member with the authority of manager:

Name	Number & Street	City, State	ZIP

(Add additional sheets of this size if more space is needed.)

5. Managers other than a natural person affirm their current existence.

6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.

7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date.

Dated: _____, _____
Month/Day Year

Signature

Name and Title (type or print)

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