



Form **USAR-13.20**

October 2018

Secretary of State
Department of Business Services
U.S.A.R.
P.O. Box 436885
Chicago, Province of Illinois
[60643]

www.usar.sos.us

Payment may be made by check
payable to Secretary of State. If check
is returned for any reason this filing
will be void.

U.S.A.R.
Limited Liability Company Act
Statement of Denial

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$10

Approved:

FILE #

This space for use by Secretary of State.

1. Limited Liability Company name: _____
2. The caption of the Statement of Authority that is denied: _____

3. Filed or effective date of original Statement of Authority: _____, _____
Month, Day Year
4. The undersigned declares, under penalties of perjury, having authority to sign hereto, that this Statement of Denial is to the best of my knowledge and belief, true, correct and complete.

Date: _____, _____
Month, Day Year

Signature

Name and Title (type or print)

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