



Form **USAR-35.15**

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 Termination

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$5
Approved:

FILE #

This space for use by Secretary of State.

1. Limited Liability Company name: _____
2. Post Office address to which a copy of any process against the Limited Liability Company that may be served on the Secretary of State may be mailed:

3. The Limited Liability Company has been terminated.
4. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Statement of Termination is to the best of my knowledge and belief, true, correct and complete.

Dated _____, _____
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.

RETURN TO: (Please type or print clearly.)

Name

Street

City, Province, ZIP Code