



Form **USAR-13.15**

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 Authority
Amendment or Cancellation

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$50

Approved:

FILE #

This space for use by Secretary of State.

1. Limited Liability Company name: _____

2. Address of principal place of business: _____

Street Address (Address must be street address; P.O. Box alone is unacceptable.)

City,

Province

ZIP

3. State name of a member, manager or other person and the authority or the limitations on authority regarding the execution of an instrument transferring real property held in the name of the company or other actions that bind the company:

4. If applicable, the filing of this statement cancels or amends a statement in effect.

File date or effective date of original statement: _____, _____
Month, Day Year

Description of the amendment or a declaration the statement is canceled:

5. I affirm, under penalties of perjury, having authority to sign hereto, that the foregoing Statement is to the best of my knowledge and belief true, correct and complete.

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.