

Illinois Limited Liability Company Act  
**Affidavit of Compliance for  
Service on Secretary of State**

**FILE #:** \_\_\_\_\_

**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

This space for use by Secretary of State.

**SUBMIT IN DUPLICATE**

Type or Print Clearly

This space for use by Secretary of State.

**Filing Fee: \$100**

**Approved:** \_\_\_\_\_

Make check payable to Secretary of State. If check is returned for any reason this filing will be void.

1. Name of Limited Liability Company being served: \_\_\_\_\_

2. Title of Case and Case Number:

\_\_\_\_\_ First Named Plaintiff  
v. \_\_\_\_\_ First Named Defendant } Number: \_\_\_\_\_

3. Title of Court in which an action, suit or proceeding has been commenced: \_\_\_\_\_

4. Title of Instrument being served: \_\_\_\_\_

5. A Copy of the Process, Notice or Demand, together with any papers required by law to be delivered with service, are hereby attached.

6. Address to which the undersigned has caused a copy of the attached process, Notice or Demand to be sent by certified or registered mail: \_\_\_\_\_

7. The Secretary of State is irrevocably appointed as an agent of a Limited Liability Company upon the following basis:  
a.  The Limited Liability Company's registered agent cannot with reasonable diligence be found at the registered office in Illinois.  
b.  The Limited Liability Company has failed to appoint and maintain a registered agent in Illinois.

8. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

\_\_\_\_\_  
Signature of Affiant Month/Day, Year

\_\_\_\_\_  
Name (print)  
( )  
\_\_\_\_\_  
Telephone Number

**RETURN TO: (Please type or print clearly.)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, ZIP