

Form 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	Illinois Uniform Partnership Act LLP Fax Transmittal Request Form for Certificates of Existence and/or Copies of Documents (Expedited service not available.)	FILE # This space for use by Secretary of State.
FAX: 217-524-3390	This space for use by Secretary of State. Approved:	

1. Limited Liability Partnership Name: _____

2. Secretary of State File Number: _____

8 digits

Request for:

- Certificate of Existence\$25
- Certified Copy of Statement of Qualification\$50
- Photocopy of Statement of Qualification\$25
- Certified Copy of Other Document (list below)\$50
- Photocopy of Other Document (list below)\$25

Name of Document	Date Filed
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In addition to the above fees, an additional \$2 payment processor fee will be charged when paying by credit card.

3. Credit Card (check one):

- Visa
- Mastercard
- Discover
- American Express

Account Number	Exp. Date
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Exact Name of Card Holder: _____

Exact Billing Address of Account: _____

Name (if different from above)

Number	Street	Suite #
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City	State	ZIP Code
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4. Name and Daytime Phone Number of Contact Person:

Name Telephone Number

E-mail: _____

5. Mail to:

First Name Middle initial Last Name

Number Street Suite #

City State ZIP Code

Expedited requests will be mailed within 24 hours. Unless express carrier account number is provided for billing to your account, the document(s) will be sent by regular mail to the address above.

Express Mail Carrier and Account Number: _____