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Illinois annual report filing fee

LLC-201 July 2017 Secretary of State Department of Business Services Limited Liability Division 501 S. Second St., Box 351 Springfield, IL 62756 217-524-8008 www.cyberdriveillinois.com Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.	Limited Liability Company Act Annual Report Type or print clearly	FILE # Due prior to: This space for use by Secretary of State																																																																																																								
Filing Fee: \$250 Series Fee, if required: Penalty: Total: Approved:																																																																																																										
1. Limited Liability Company name: Registered office: Registered agent: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Number</td> <td style="width: 15%;">Street</td> <td style="width: 15%;">Suite</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">ZIP</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> 2. State or country of organization: _____ Date organized in or admitted to Illinois: _____ 3. Address of principal place of business: (P.O. Box alone is unacceptable) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Number</td> <td style="width: 15%;">Street</td> <td style="width: 15%;">Suite</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">ZIP</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> 4. Names and business addresses of managers and any member(s) with the authority of manager: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 15%;">Number & Street</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">ZIP</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> 5. Managers other than a natural person assign their current residence: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name</td> <td style="width: 15%;">Number & Street</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">ZIP</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> (Add additional sheets if the end of one page appears is needed.) 6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.361.37. 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. A late filing penalty of \$500 will apply if this report is not filed within 60 days after the due date. Dated: _____ _____ Signature _____ Name and Title (type or print) Month/Day Year			Number	Street	Suite	City	State	ZIP							Number	Street	Suite	City	State	ZIP							Name	Number & Street	City	State	ZIP																																				Name	Number & Street	City	State	ZIP																																			
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If applicant is a corporation or other entity, state name of corporation or entity. Printed by the Secretary of the State of Illinois, July 2017 - 1 - LLC 23.12																																																																																																										

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OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President					
Secretary					
Treasurer					
Director					
Director					
Director					

5.) If 51% or more of the stock is owned by a minority or female, please check appropriate box. ☐ Minority Owned ☐ Female Owned

6.) Number of shares authorized and issued (as of _____):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED

IMPORTANT! Whenever the amount in item 6 or 7a differs from the Secretary of State's records, form BCA 14.30 must be completed.

7a.) The amount of paid-in capital as of _____ is: _____

7b.) The Paid-in Capital on record with the Secretary of State is: \$ _____

(Paid-in Capital reflects the sum of the stated Capital and Paid-in surplus accounts.)

8.) By _____ (Any Authorized Officer's Signature) _____ (Title) _____ (Date)

RETURN TO:
 Jesse White
 Secretary of State
 Department of Business Services
 Springfield, IL 62756
 Telephone (217) 762-7908
 www.cyberdrivellinois.com

ITEM 8 MUST BE SIGNED!

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT _____

SECRETARY _____

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW. _____

File No. _____

PRESIDENT _____

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	
SECRETARY	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED— _____

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