DO NOT STAPLE

Print Reset

FORM UPA-805
March 2009

Illinois Uniform Partnership Act
Statement of Dissolution

File #:

This space for use by Secretary of State.

Secretary of State
Department of Business Services
LLP/RLLP Division
Uniform Partnership Section
357 Howlett Building
Springfield, IL 62756

217-785-8960
www.cyberdriveillinois.com

Submit in duplicate.
Please type or print clearly.

This space for use by Secretary of State.

Date:
Assigned File #:
Filing Fee: $100
Approved:

1. Partnership Name: _____
(Name must be stated exactly as on record with the Secretary of State.)

2. File Number: _____ Federal Employer Identification Number: _____

3. The above-named partnership has dissolved and is winding up its business.

I/We declare, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the _____ of _____, _____ by a partner.
Day Month Year

Signature	Number, Street Address
Name and Title (type or print)	City, State, ZIP
Signature	Number, Street Address
Name and Title (type or print)	City, State, ZIP

legalzoom.com
SAMPLE

Please submit this form in duplicate along with the $100 filing fee.
Signatures must be in BLACK INK on an original document.

Printed by authority of the State of Illinois. May 2009- 200 - UPA 11.3