



# Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: [crd@ct.gov](mailto:crd@ct.gov) • WEB: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

OFFICE USE ONLY  
(label)

## STATEMENT OF WITHDRAWAL OF REGISTRATION

### FOREIGN LIMITED LIABILITY COMPANY

- Use ink. •Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

<b>FILING PARTY</b> (confirmation will be sent to this address): NAME: MAILING ADDRESS: CITY: STATE: ZIP:	<b>FILING FEE: \$120.00</b>  <i>Make checks payable to "Secretary of the State"</i>	
<b>1. NAME OF LIMITED LIABILITY COMPANY IN STATE OR COUNTRY OF FORMATION</b> (required) (name must exactly match the name on our records, including the business designation, e.g. LLC,L.L.C., etc.)		
<b>2. NAME UNDER WHICH THE LIMITED LIABILITY COMPANY TRANSACTS BUSINESS IN CONNECTICUT</b> (if applicable) (name must exactly match the name on our records, including the business designation, e.g. LLC,L.L.C., etc.)		
<b>3. STATE OR COUNTRY OF FORMATION</b> (required):		
<b>4. ADDRESS TO MAIL PROCESS SERVED UPON THE SECRETARY OF THE STATE PURSUANT TO THE APPOINTMENT MADE ABOVE</b> (Must be a street address. A P.O. Box is acceptable <u>as additional information only</u> ) MAILING ADDRESS: CITY: STATE: ZIP:		
<b>5. SURRENDER OF CERTIFICATE AND APPOINTMENT OF AGENT.</b> The undersigned asserts that the above-named limited liability company is not transacting business in Connecticut and surrenders its certificate of registration to do so. It further revokes the authority of its registered agent and consents that process in any action, suit or proceeding based upon any cause of action arising in Connecticut during the time the limited liability company was authorized to transact business in this state may be served upon the secretary of the state.		
<b>6. EXECUTION / SIGNATURE OF AUTHORIZED OFFICIAL OF THE LIMITED LIABILITY COMPANY</b> (required) (submitted under penalty of false statement): DATE SIGNED (mm/dd/yyyy): _____ / _____ / _____		
NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY (print or type)	SIGNATURE
		▶

## STATEMENT OF WITHDRAWAL OF REGISTRATION

### FOREIGN LIMITED LIABILITY COMPANY

A foreign limited liability company authorized to transact business in Connecticut may withdraw its certificate of registration by filing a statement of withdrawal of registration.

#### **INSTRUCTIONS**

*Numbers below correspond to numbered sections of the form.*

- 1. NAME OF LIMITED LIABILITY COMPANY IN STATE OR COUNTRY OF FORMATION.** Provide the name of the limited liability company exactly as it appears on our records, including the business designation, (e.g., LLC, L.L.C., etc.)
- 2. NAME UNDER WHICH LIMITED LIABILITY COMPANY TRANSACTS BUSINESS IN CONNECTICUT.**  
Provide the name under which the limited liability company transacts business in Connecticut, if the name is different from the name shown in Section 1 above. The name provided must exactly match the name as it currently appears on our records, including the business designation, (e.g., LLC, L.L.C., etc.)
- 3. STATE / COUNTRY OF FORMATION.** Provide the limited liability company's state or country of formation.
- 4. MAILING ADDRESS FOR PROCESS SERVED UPON THE SECRETARY OF THE STATE.**
  - a. The limited liability company is required by law to appoint the Secretary of the State of Connecticut as its agent to receive legal process in any action suit or proceeding which is based upon a cause of action arising in Connecticut during the time it was authorized to transact business.
  - b. Provide an address to which the Secretary of the State must mail a copy of any process received pursuant to this appointment. The address must include, at minimum, a street, city, state (or country if outside of the United States) and a postal code.
- 5. EXECUTION/SIGNATURE:**
  - a. The document must be executed/signed by an authorized official of the limited liability company. That person must print or type their name, state the capacity/title under which they sign, and provide a signature.
  - b. The execution/signature constitutes a legal statement submitted under penalty of false statement that the information provided in the document is true.

#### **OFFICE OF THE SECRETARY OF THE STATE**

**MAILING ADDRESS**                      BUSINESS SERVICES DIVISION  
CONNECTICUT SECRETARY OF THE STATE  
P.O. BOX 150470  
HARTFORD, CT 06115- 0470

**DELIVERY ADDRESS**                BUSINESS SERVICES DIVISION  
CONNECTICUT SECRETARY OF THE STATE  
165 CAPITOL AVE, SUITE 1000  
HARTFORD, CT 06115-0470

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**WEBSITE:** [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)