



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

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WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FOREIGN LIMITED LIABILITY PARTNERSHIP

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FOR OFFICIAL USE ONLY:
NAME:		
ADDRESS:		
CITY:		
STATE:	ZIP:	
1. NAME OF THE LIMITED LIABILITY PARTNERSHIP:		
2. DOMESTIC STATE OF REGISTRATION:		
THE ABOVE NAMED LIMITED LIABILITY PARTNERSHIP HEREBY WITHDRAWS ITS CERTIFICATE OF AUTHORITY EFFECTIVE UPON FILING.		
3. EXECUTION:		
DATED THIS _____ DAY OF _____, 20_____		
NAME OF PARTNER (print or type)	SIGNATURE	