## STATEMENT OF DISSOCIATION

CONNECTICUT PARTNERSHIP - USE INK. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		
NAME:		FILING FEE: \$120
ADDRESS:		MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
CITY:		
STATE:	ZIP CODE:	
EMAIL:		
TELEPHONE NUMBER:		
NAME OF THE PARTNERSHIP:  2. THE FOLLOWING PARTNER IS DISSOCIATED FROM THE PARTNERSHIP:		
3. EXECUTION BY ASSOCIATED PARTNER OR THE PARTNERSHIP:		
DATED THIS	DAY OF	, 20
I HEREBY DECLARE UNDER THE PE FOREGOING DOCUMENT ARE TRUE	ENALTIES OF FALSE STATEMENT THA	T THE STATEMENTS MADE IN THE
NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

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