



Secretary of the State of Connecticut

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STATEMENT OF DISSOLUTION

CONNECTICUT PARTNERSHIP - USE INK. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: ADDRESS: CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER:	FOR OFFICIAL USE ONLY:
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1. NAME OF THE PARTNERSHIP:

THE ABOVE NAMED PARTNERSHIP IS DISSOLVED AND IS WINDING UP ITS BUSINESS. ITS STATEMENT OF PARTNERSHIP AUTHORITY IS HEREBY CANCELED PURSUANT TO CONN. GEN. STAT. SECTION 34-376

2. EXECUTION BY PARTNER:

DATED THIS _____ DAY OF _____, 20 _____

I HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING DOCUMENT ARE TRUE

NAME OF SIGNING PARTNER (print or type)	SIGNATURE