



# Secretary of the State of Connecticut

PHONE: 860-509-6003 WEBSITE: [business.ct.gov](http://business.ct.gov) EMAIL: [bsd@ct.gov](mailto:bsd@ct.gov)

## INTERIM NOTICE OF CHANGE OF MANAGER / MEMBER DOMESTIC / FOREIGN LIMITED LIABILITY COMPANY - USE INK. PRINT OR TYPE. ATTACH 8 1/2" X 11" SHEETS IF NECESSARY.

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS): CUSTOMER ID: NAME: ADDRESS:  CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER:		<b>FILING FEE: \$20</b>  Make checks payable to "Secretary of the State"
<b>1. COMPLETE NAME OF LIMITED LIABILITY COMPANY:</b> ( <u>REQUIRED</u> - Name must match our records exactly and include the business designation (e.g. LLC, L.L.C., etc.):		
<b>2. NEW MANAGER / MEMBER INFORMATION:</b> (New information must include name, title, residence and business addresses.): <b>NOTE:</b> Adding a new manager / member does not replace an existing manager / member. Proceed to section 3 to remove existing manager(s) / member(s), if applicable.		
<b>NAME:</b>		<b>TITLE:</b>
<b>BUSINESS ADDRESS</b> ( <u>No P.O. Box</u> ): <b>CHECK IF NONE:</b> <input type="checkbox"/>	<b>RESIDENCE ADDRESS</b> ( <u>No P.O. Box</u> ):	
STREET:	STREET:	
CITY:	CITY:	
STATE:                      ZIP CODE:	STATE:                      ZIP CODE:	
<b>NAME:</b>		<b>TITLE:</b>
<b>BUSINESS ADDRESS</b> ( <u>No P.O. Box</u> ): <b>CHECK IF NONE:</b> <input type="checkbox"/>	<b>RESIDENCE ADDRESS</b> ( <u>No P.O. Box</u> ):	
STREET:	STREET:	
CITY:	CITY:	
STATE:                      ZIP CODE:	STATE:                      ZIP CODE:	
<b>NAME:</b>		<b>TITLE:</b>
<b>BUSINESS ADDRESS</b> ( <u>No P.O. Box</u> ): <b>CHECK IF NONE:</b> <input type="checkbox"/>	<b>RESIDENCE ADDRESS</b> ( <u>No P.O. Box</u> ):	
STREET:	STREET:	
CITY:	CITY:	
STATE:                      ZIP CODE:	STATE:                      ZIP CODE:	



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## INTERIM NOTICE OF CHANGE OF MANAGER / MEMBER DOMESTIC / FOREIGN LIMITED LIABILITY COMPANY - USE INK. PRINT OR TYPE. ATTACH 8 1/2" X 11" SHEETS IF NECESSARY.

### 3. MANAGER(S) / MEMBERS(S) WHO HAVE CEASED TO BE MANAGER(S) / MEMBERS(S):

**NOTE:** Name and title must match our records exactly or changes will not be reflected. Be careful to include items such as Jr., Sr., middle initials, etc. Check the Secretary of the State's business registry database [business.ct.gov](http://business.ct.gov) for name and title of record. Individual/entity will only be removed from those titles indicated, therefore, be sure to include all applicable titles.

NAME:

TITLE:

NAME:

TITLE:

NAME:

TITLE:

NAME:

TITLE:

NAME:

TITLE:

NAME:

TITLE:

NAME:

TITLE:

NAME:

TITLE:

### 4. EXECUTION / SIGNATURE (REQUIRED - Subject to penalties of false statement):

DATE SIGNED (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FULL NAME OF SIGNATORY  
(print or type)

CAPACITY / TITLE OF SIGNATORY  
(print or type)

SIGNATURE

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**NOTE:** LLCs may have many managers / members, however, only up to three of those provided will be shown on the Secretary of the State's business registry database [business.ct.gov](http://business.ct.gov). Additional names will be available by requesting copies of the original filing(s).

**INTERIM NOTICE OF CHANGE OF MANAGER/MEMBER**  
DOMESTIC OR FOREIGN LIMITED LIABILITY COMPANY

**INSTRUCTIONS**

**1. LIMITED LIABILITY COMPANY:** Please Provide the complete name of the Limited Liability Company as it currently appears on the records of the Secretary of the State. If the notice is being filed by a foreign Limited Liability Company, such Limited Liability Company should provide the name under which it is currently authorized to transact business in Connecticut.

**2. MANAGER(S)/MEMBER(S) INFORMATION:** Please Print or type the full name of the Limited Liability Company's NEW manager(s) or member(s), their titles and their business and residence addresses. Complete street addresses, including a street number, street name, city, state, postal code and country if other than the United States, are required. NOTE: P.O. boxes are only acceptable as additional information.

**3. MANAGER(S)/MEMBER(S) WHO HAVE CEASED TO BE MANAGER(S)/MEMBER(S):** Please print or type the full name of Manager(s)/Member(s) who have ceased holding their position within the Limited Liability Company and their title(s) as they appear on our records. NOTE: Name(s) and title(s) must match our records exactly otherwise changes will NOT be reflected. Be careful to include items such as Jr., Sr., middle initials, etc. Check [business.ct.gov](https://business.ct.gov) online for name and title of record. Individual/Entity will only be removed from those titles indicated, therefore, be sure to include all applicable titles.

**4. EXECUTION/SIGNATURE:** The document must be executed/signed by an authorized official of the Limited Liability Company. That person must print or type his or her name and state the capacity under which he or she signs. The execution/signature constitutes a legal statement under the penalties 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 AVENUE, SUITE 1000  
HARTFORD, CT 06106

**PHONE:** [860-509-6003](tel:860-509-6003)

**WEBSITE:** [business.ct.gov](https://business.ct.gov)