SECRETARY OF THE STATE OF CONNECTICUT



MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470 DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106 PHONE: 860-509-6003

WEBSITE: <u>www.concord-sots.ct.gov</u>

RENUNCIATION OF STATUS REPORT DOMESTIC LIMITED LIABILITY PARTNERSHIP

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):			FOR OFFICIAL USE ONLY:
NAME:			
ADDRESS:			
CITY:	710		
STATE:	ZIP:		
1. NAME OF THE LIMITED LIABILITY PARTNERSHIP:			
THE ABOVE NAMED LIMITED LIABILITY PARTNERSHIP HEREBY RENOUNCES ITS STATUS AS A REGISTERED			
LIMITED LIABILITY PARTNERSHIP			
2. EFFECTIVE DATE OF THE RENUNCIATION: (IF OTHER THAN THE FILE DATE)			
3. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)			
DATED THIS	DAY OF		. 20
	DF PARTNER		SIGNATURE
(print or type)			