## Secretary of the State of Connecticut

PHONE: 860-509-6003 WEBSITE: business.ct.gov EMAIL: bsd@ct.gov

## RENUNCIATION OF STATUS REPORT - Accessible Version Available

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

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):			
NAME:			
ADDRESS:			FOR OFFICIAL USE ONLY:
CITY:			
STATE:	ZIP CODE:		
EMAIL:			
TELEPHONE NUMBNER:			
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
NAME OF PARTNER			SIGNATURE
(print or type)			