



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

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PHONE: 860-509-6003

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CERTIFICATE OF DISSOLUTION

LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §34-267a

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8^{1/2} X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FOR OFFICIAL USE ONLY:
NAME: MAILING ADDRESS: CITY: STATE: ZIP:		
1. COMPLETE NAME OF LIMITED LIABILITY COMPANY (REQUIRED): (<i>MUST MATCH OUR CURRENT RECORDS EXACTLY WITH DESIGNATION SUCH AS L.L.C., LLC, ETC.</i>)		
2. THE LIMITED LIABILITY COMPANY IS DISSOLVED.		
3. FUTURE EFFECTIVE DATE OF DISSOLUTION * <i>(IF LATER THAN THE FILING DATE):</i>		
DATE (MM/DD/YYYY)		
4. EXECUTION - (REQUIRED): (<i>SUBJECT TO PENALTY OF FALSE STATEMENT.</i>)		
DATE (MM/DD/YYYY)		
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE