



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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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): NAME: MAILING ADDRESS: CITY: STATE: ZIP:		FOR OFFICIAL USE ONLY:
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