

STATEMENT OF DISSOCIATION CONNECTICUT PARTNERSHIP

Office of the Secretary of the State
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 03/01/2001

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1. NAME OF THE PARTNERSHIP:

2. THE FOLLOWING PARTNER IS DISSOCIATED FROM THE PARTNERSHIP:

EXECUTION BY ASSOCIATED PARTNER OR THE PARTNERSHIP:

Dated this _____ day of _____, 20_____.

I hereby declare under the penalties of false statement that the statements made in the foregoing document is true.

3. Print or type name of signatory

4. Capacity of signatory

5. Signature

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