

STATEMENT OF DISSOLUTION 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:

**THE ABOVE NAMED PARTNERSHIP IS DISSOLVED AND IS WINDING UP
ITS BUSINESS. ITS STATEMENT OF PARTNERSHIP AUTHORITY IS HEREBY
CANCELED PURSUANT TO Conn. Gen. Stat. Section 34-376**

Please reference an 8 1/2 X 11 attachment if additional space is required

EXECUTION BY A PARTNER:

Dated this _____ day of _____, 20_____.

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

2. Print or type name signing partner

3. Signature