

# RENUNCIATION OF STATUS REPORT DOMESTIC LIMITED LIABILITY PARTNERSHIP

**MAILING ADDRESS:**  
Commercial Recording Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470  
860-509-6003

Office of the Secretary of the State

**DELIVERY ADDRESS:**  
Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

Space For Office Use Only

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Make Checks Payable To "Secretary of the State"

**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):** \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Month Day Year

## EXECUTION:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**3.**

**4.**

**Name of partner**

**Signature**