



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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STATEMENT OF DISSOLUTION

CONNECTICUT PARTNERSHIP

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: ADDRESS: CITY: STATE: ZIP:		
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		
2. EXECUTION BY PARTNER:		
DATED THIS _____ DAY OF _____, 20 _____		
I HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING DOCUMENT ARE TRUE		
NAME OF SIGNING PARTNER (print or type)	SIGNATURE	