

SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106
PHONE: 860-509-6003 WEBSITE: www.concord-sots.ct.gov

APPLICATION TO RENEW REGISTRATION OF NAME

FOREIGN LIMITED LIABILITY COMPANY

C.G.S. § 34-243m

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FILING FEE: \$60	
			MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
NAME:			OF THE STATE
MAILING ADDRESS:			
OLTY:			
CITY:	ZID.		
STATE:	ZIP:		
THE UNDERSIGNED HEREBY APPLIES FOR R	REGISTRATION OF THE FOLLOWING N	AME:	
1. LIMITED LIABILITY COMPANY NA	ME: (MUST INCLUDE BUSINESS DES	SIGNATIO	N SUCH AS L.L.C, LLC, ETC.)
O IE ADDI IOADI E. THE ALTERNATI	E NAME ADODTED DUDOUANT	TO 00	0.5.04.075
2. <u>IF APPLICABLE:</u> THE ALTERNATI DESIGNATION SUCH AS L.L.C., LLC, ETC.)		10 06	5 § 34-275e (MUST INCLUDE BUSINESS
		Γ	
3. STATE OR COUNTRY OF FORMATION:		4. DATE OF FORMATION: (MM/DD/YYYY)	
5. NAME OF APPLICANT: REQUIRED:			
6. ADDRESS OF APPLICANT:			
STREET:			
CITY:	STATE:		ZIP:
The registration of a name is effective	for one year after the date of reg	istration.	The registration may be renewed
by delivering, to the Secretary of The S	State, <u>not earlier than ninety days</u>	before	the expiration date, an application
for renewal which complies with C.G.S	S. § 34-243m.		
7. EXECUTION:			
DATE (MM/DD/YYYY)			
· -	CAPACITY/TITLE OF APPLIC	NANT	SIGNATURE
NAME OF APPLICANT	(print name/title if applicable		SIGNATURE
		•	

PAGE 1 OF 1

INSTRUCTIONS:

Please complete and return this application to renew registration of name form to the Office of the Secretary of the State at the below referenced address.

- 1. Provide the exact name of the limited liability company in its state of formation which must include an appropriate limited liability company designation. See C.G.S. § 34-243k.
- 2. Provide the alternate name currently on record adopted pursuant to C.G.S. § 34-275e because the name of the LLC in its state of formation is not available on the records of the Secretary of the State. The alternate name must also contain an appropriate limited liability company designation. (**NOTE:** if the name of the limited liability company at line one has become available, the limited liability company can no longer use an alternate name and should file a registration of name (not a renewal).)
- 3. Provide the state or country (if outside U.S.A) of formation.
- 4. Provide the date of formation.
- 5. Provide the name of the applicant (person or entity) holding the name registration. (Note: the name of the applicant provided must match the name of the applicant currently on record. If the current applicant wishes to transfer the right to hold the registered name to a different party, a "Transfer of Registration of Name" must be filed with this office.)
- 6. Provide the applicant's address (street, city, town, zip).
- 7. Please print or type the complete legal name of the signatory, title (if signing on behalf of an entity) and signature. Note that the execution constitutes a statement made under the penalties of false statement that the information provided in the document is true.

When filed, the renewal application renews the registration for a succeeding one-year period. The renewals must be filed not earlier than 90 days from the expiration date of the registration. (Note: if the registration of name has expired, a new registration (rather than a renewal) must be filed.

Please type or print all information.

OFFICE OF THE SECRETARY OF THE STATE

MAILING ADDRESS:

COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS:

COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov