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-sols.ct.gov

STATEMENT OF WITHDRAWAL OF REGISTRATION

FOREIGN LIMITED LIABILITY COMPANY

C.G.S. § 34-275h

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):

NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

1. NAME OF LIMITED LIABILITY COMPANY IN STATE OR COUNTRY OF FORMATION:

2. THE NAME UNDER WHICH THE LIMITED LIABILITY COMPANY TRANSACTS BUSINESS IN CONNECTICUT, IF DIFFERENT FROM THE NAME STATED ABOVE:

3. STATE OR COUNTRY OF FORMATION:

THE UNDERSIGNED ASSERTS THAT THE ABOVE NAMED LIMITED LIABILITY COMPANY IS NOT TRANSACTING BUSINESS IN CONNECTICUT AND SURRENDERS ITS CERTIFICATE OF REGISTRATION TO DO SO. IT FURTHER REVOKES THE AUTHORITY OF ITS REGISTERED AGENT AND CONSENTS THAT PROCESS IN ANY ACTION, SUIT OR PROCEEDING BASED UPON ANY CAUSE OF ACTION ARISING IN CONNECTICUT DURING THE TIME THE LIMITED LIABILITY COMPANY WAS AUTHORIZED TO TRANSACT BUSINESS IN THIS STATE MAY BE SERVED UPON THE SECRETARY OF THE STATE.

4. ADDRESS TO MAIL PROCESS SERVED UPON THE SECRETARY OF THE STATE PURSUANT TO THE APPOINTMENT MADE ABOVE:

ADDRESS:

CITY:

STATE:

ZIP:

6. EXECUTION:

DATE (MM/DD/YYYY)

NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

FILING FEE: \$120

OF THE STATE"

MAKE CHECKS PAYABLE TO "SECRETARY

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR A STATEMENT OF WITHDRAWAL:

Foreign Limited Liability Company

A foreign limited liability company authorized to transact business in Connecticut may withdraw its certificate of registration by filing a statement of withdrawal of registration.

INSTRUCTIONS:

1. NAME OF LIMITED LIABILITY COMPANY IN STATE OR COUNTRY OF FORMATION: Please provide the name of the limited liability company.

2. THE NAME UNDER WHICH LIMITED LIABILITY COMPANY TRANSACTS BUSINESS IN CONNECTICUT: Provide the name under which the limited liability company transacts business in Connecticut as it currently appears on the records of the Secretary of the State if other that the name stated in item number 1.

3. STATE/COUNTRY OF FORMATION: Please provide the limited liability company's state or country of formation.

4. MAILING ADDRESS FOR PROCESS SERVED UPON THE SECRETARY OF THE STATE: The limited liability company is required by law to appoint the Secretary of the State of Connecticut as its agent to receive legal process in any action suit or proceeding which is based upon a cause of action arising in Connecticut during the time it was authorized to transact business, see Conn. Gen. Stat. Sec. 34-275h. Therefore, please provide an address to which the Secretary of the State must mail a copy of any process received pursuant to this appointment. The address must include, at minimum, a street, city, state (or country if outside of the United States) and a postal code.

5. EXECUTION: The document must be executed / signed by an authorized official of the limited liability company. That person must print or type their name, state the capacity under which they sign and provide a signature. **The execution constitutes a legal statement under the penalties of false statement that the information provided in the document is true**.

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

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