



Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: crd@ct.gov • WEB: www.concord-sots.ct.gov

OFFICE USE ONLY
(label)

CERTIFICATE OF DISSOLUTION LIMITED LIABILITY COMPANY—DOMESTIC

- Use ink. • Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

<p>FILING PARTY (confirmation will be sent to this address):</p> <p>NAME: _____</p> <p>MAILING ADDRESS: _____</p> <p>CITY: _____</p> <p>STATE: _____ ZIP: _____</p>	
<p>1. COMPLETE NAME OF LIMITED LIABILITY COMPANY (required): <i>Name provided must exactly match the name on record with the Secretary of the State and include the entity designation (e.g. LLC, L.L.C., etc.)</i></p>	
<p>2. THE LIMITED LIABILITY COMPANY IS DISSOLVED.</p>	
<p>3. FUTURE EFFECTIVE DATE. (if applicable)</p> <p>THE DISSOLUTION IS EFFECTIVE ON THE FUTURE DATE OF (mm/dd/yyyy): ____/____/_____ <i>(date entered cannot be prior to date received by the Secretary of the State)</i></p>	
<p>4. EXECUTION / SIGNATURE (required) (subject to penalties of false statement)</p> <p>A. NAME OF SIGNATORY (<i>hand print or type</i>): _____</p> <p>B. SIGNATURE: _____</p> <p>C. CAPACITY / TITLE OF SIGNATORY: _____</p> <p>D: DATE SIGNED (mm/dd/yyyy): ____/____/_____</p>	

CERTIFICATE OF DISSOLUTION
LIMITED LIABILITY COMPANY--DOMESTIC

INSTRUCTIONS

Numbers correspond to the section numbers on the form.

1. **COMPLETE NAME OF LIMITED LIABILITY COMPANY.** Provide the name of the limited liability company as it appears on the records of the Secretary of the State. Include the appropriate business designation,(e.g., LLC, Limited Liability company, L.L.C., etc.).
2. **STATEMENT OF DISSOLUTION.** Section is pre-filled. Do not add anything to this section.
3. **FUTURE EFFECTIVE DATE.** If the dissolution of the limited liability company will be effective on a date after the certificate of dissolution is received and accepted for filing by the Secretary of the State, provide the future effective date in this section.

NOTE: A future effective date must be a date later than the date the document is received and accepted for filing by the Secretary of the State.

4. **EXECUTION / SIGNATURE.** Provide the following information:
 - A. NAME OF SIGNATORY. Hand print or type the name of the person executing/signing the document
 - B. SIGNATURE. The person executing the document must sign it here
 - C. CAPACITY/TITLE. List the signatory's capacity or title.
 - D. DATE SIGNED. Provide the date the signatory signed the document.

OFFICE OF THE SECRETARY OF THE STATE

MAILING ADDRESS:

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

DELIVERY ADDRESS:

BUSINESS SERVICES DIVISION
CONNECTICUT SECRETARY OF THE STATE
165 CAPITOL AVENUE SUITE 1000
HARTFORD, CT 06106

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