



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

TRANSFER OF REGISTRATION OF NAME FOREIGN LIMITED LIABILITY COMPANY

C.G.S. § 34-243m

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): NAME: MAILING ADDRESS: CITY: STATE: _____ ZIP: _____		FILING FEE: \$60 MAKE CHECKS PAYABLE TO "SECRETARY OF STATE"
THE UNDERSIGNED HEREBY APPLIES FOR REGISTRATION OF THE FOLLOWING NAME.		
1. LIMITED LIABILITY COMPANY NAME: _____		
2. IF APPLICABLE: THE ALTERNATE NAME ADOPTED PURSUANT TO CGS § 34-275e _____		
3. STATE OR COUNTRY OF FORMATION: _____	4. DATE OF FORMATION: (MM/DD/YYYY) _____	
5. NAME OF TRANSFEROR: <u>REQUIRED</u>: _____		
6. NAME OF TRANSFEREE: _____		
7. ADDRESS OF TRANSFEREE: STREET: CITY: _____ STATE: _____ ZIP: _____		
8. EXECUTION: DATE (MM/DD/YYYY) _____		
NAME OF TRANSFEROR	CAPACITY/TITLE OF TRANSFEROR <small>(print name/title if applicable)</small>	SIGNATURE

INSTRUCTIONS:

Please complete and return this transfer of 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.
2. Provide the alternate name adopted pursuant to C.G.S. § 34-275e because the name of the LLC in its state of formation was NOT available for use on the records of the Secretary of the State of Connecticut. This name must include an appropriate limited liability company designation.
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 Transferor (the current "applicant" (person or entity) holding the name registration). (*Note: the name of the applicant provided must match the name of the applicant currently on our records.)
6. Provide the name of the Transferee (new applicant).
7. Provide the Transferee's (new applicant's) address (street, city, town, zip).
8. EXECUTION: 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.

Note that the transfer of the name registration to a new applicant will not affect the time in which the renewal application must be filed with the Secretary of the State i.e. not earlier than 90 days before the expiration date.

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