State	tary of the of Connecticut			
PHONE: 860-509-6003 · EMAIL: <u>crd@ct.gov</u> · WEB: <u>www.concord-sots.ct.gov</u>			• Use ink. • Print or type.	
INTERIM NOTICE OF CHANGE OF MANAGER/MEMBER			• Attach additional 8½ x 11	
	FOREIGN LIMITED LIABIL	ITY COMPANY	, sheets if necessary.	
FILING PARTY: (Cor	nfirmation will be sent to this address)			
CUSTOMER ID:			FILING FEE: \$20	
NAME:				
ADDRESS:			Make checks payable to	
CITY:			"Secretary of the State"	
STATE:	ZIP:			
<b>1. COMPLETE NAME OF LIMITED LIABILITY COMPANY</b> - REQUIRED: (Must match our records exactly and include a business designation such as LLC, L.L.C., etc.)				
<b>2. NEW MANAGER/MEMBER INFORMATION:</b> (New information must include name, title, residence and business address.) NOTE: Adding a new manager/member does not replace an existing manager/member. Proceed to section 3 to remove existing manager(s)/member(s), if applicable.				
NAME:		TITLE:		
BUSINESS ADDRE	SS: (No P.O. Box) CHECK IF NONE:	RESIDENCE AD	DRESS: (No P.O. Box)	
STREET:		STREET:		
CITY:		CITY:		
STATE:	ZIP:	STATE:	ZIP:	
NAME:		TITLE:		
BUSINESS ADDRESS: (No P.O. Box) CHECK IF NONE:		RESIDENCE ADDRESS: (No P.O. Box)		
STREET:		STREET:		
CITY:		CITY:		
STATE:	ZIP:	STATE:	ZIP:	
NAME:		TITLE:		
BUSINESS ADDRES	SS: (No P.O. Box) CHECK IF NONE:	RESIDENCE AD	DRESS: (No P.O. Box)	
STREET:		STREET:		
CITY: STATE:	ZIP:	CITY: STATE:	ZIP:	
	LIF.	JIAIL.	<b>Δ</b> ΙΓ .	

# 3. MANAGER(S)/MEMBER(S) WHO HAS/HAVE CEASED TO BE MANAGER(S)/MEMBER(S):

NOTE: Name and title must match our records exactly, otherwise, changes will not be reflected. Be careful to include items such as Jr., Sr., middle initials, etc. Check the Secretary of the State's business registry database (CONCORD) for name and title of record. Individual/entity will only be removed from those titles indicated, therefore, be sure to include all applicable titles.

NAME:	TITLE:			
NAME:	TITLE:			
4. EXECUTION/SIGNATURE – REQUIRED: (Subject to penalties of false statement) DATE SIGNED: / /				
FULL NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE		

NOTE: LLCs may have many managers/members, however, only up to three of those provided will be shown on the
Secretary of the State's business registry database (CONCORD). Additional names will be available by requesting
copies of the original filing(s).

# INTERIM NOTICE OF CHANGE OF MANAGER/MEMBER

DOMESTIC OR FOREIGN LIMITED LIABILITY COMPANY

### **INSTRUCTIONS**

1. LIMITED LIABILITY COMPANY: Please Provide the complete name of the Limited Liability Company as it currently appears on the records of the Secretary of the State. If the notice is being filed by a foreign Limited Liability Company, such Limited Liability Company should provide the name under which it is currently authorized to transact business in Connecticut.

**2.** MANAGER(S)/MEMBER(S) INFORMATION: Please Print or type the full name of the Limited Liability Company's NEW manager(s) or member(s), their titles and their business and residence addresses. Complete street addresses, including a street number, street name, city, state, postal code and country if other than the United States, are required. NOTE: P.O. boxes are only acceptable as additional information.

3. MANAGER(S)/MEMBER(S) WHO HAVE CEASED TO BE MANAGER(S)/MEMBER(S): Please print or type the full name of Manager(s)/Member(s) who have ceased holding their position within the Limited Liability Company and their title(s) as they appear on our records. NOTE: <u>Name(s) and title(s) must match our records exactly otherwise changes will</u> <u>NOT be reflected</u>. Be careful to include items such as Jr., Sr., middle initials, etc. Check CONCORD online for name and title of record. Individual/Entity will only be removed from those titles indicated, therefore, be sure to include all applicable titles.

**4.** EXECUTION/SIGNATURE: The document must be executed/signed by an authorized official of the Limited Liability Company. That person must print or type his or her name and state the capacity under which he or she signs. The execution/signature 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:

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

**PHONE:** 860-509-6003

WEBSITE: www.concord-sots.ct.gov