

Filing Fee \$35.00

**FOREIGN
BUSINESS CORPORATION**

STATE OF MAINE

**NONCOMMERCIAL REGISTERED
AGENT**

STATEMENT OF RESIGNATION

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [5 MRSA §111](#), the undersigned noncommercial registered agent executes and delivers the following statement of resignation from serving as agent for service of process for this corporation:

FIRST: The name and address of the resigning noncommercial registered agent as it appears on the record in the Secretary of State's office:

(name of current noncommercial registered agent)

(physical street address, city, state and zip code – as it appears on the record)

SECOND: The name and address of the person to which the noncommercial registered agent will send the required notice to:

(insert name)

at _____
(mailing address including zip code)

the _____ of the corporation.
(title of corporate officer)

DATED _____

(signature of noncommercial registered agent)

(type or print name)

Pursuant to [5 MRSA §111.3](#), the registered agent shall promptly furnish the represented entity notice in a record of the date on which a statement of resignation was filed.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: **Secretary of State**
Division of Corporations, UCC and Commissions
101 State House Station, Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
 Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
 Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) (Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)