

**FOREIGN  
LIMITED LIABILITY COMPANY**

**STATE OF MAINE**

**CANCELLATION OF AUTHORITY  
TO DO BUSINESS**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Limited Liability Company in Jurisdiction of Organization)

Pursuant to [31 MRSA §717](#), the undersigned foreign limited liability company hereby cancels its authority to do business in the State of Maine and states the following:

**FIRST:** If different, the name under which the limited liability company applied for authority to do business in the State of Maine pursuant to [§603-A.1](#) and/or [§605-A](#) is

\_\_\_\_\_

**SECOND:** The jurisdiction of its organization is \_\_\_\_\_

**THIRD:** The date on which it was authorized to do business in the State of Maine is \_\_\_\_\_

**FOURTH:** The limited liability company is not as of the date of this application for cancellation doing business in Maine and hereby cancels its authority to do business in this State.

**FIFTH:** The limited liability company revokes the authority of its registered agent in Maine to accept service of process; it consents that process in any action, suit or proceeding based upon any cause of action arising in Maine prior to the date of filing this application may be served on the Secretary of State after the date of the filing of this application.

**SIXTH:** The address of the principal or registered office of the limited liability company, wherever located, is

\_\_\_\_\_  
(street, city, state and zip code)

DATED \_\_\_\_\_

**Authorized Signature(s)\***

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

**For Authorized Signature(s) on behalf of Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

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\*Certificate **MUST** be signed by:

- (1) at least one manager **OR**
- (2) at least one member if the limited liability company is managed by the members **OR**
- (3) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

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

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**