

Filing Fee \$20.00

**DOMESTIC
LIMITED LIABILITY COMPANY**

STATE OF MAINE

**STATEMENT OF WITHDRAWAL
OF MEMBER**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Company)

Pursuant to 31 MRSA §694, the undersigned member **OR** limited liability company executes and delivers for filing this statement of withdrawal of member:

The following member has withdrawn from the above-named limited liability company.

(type or print name)

DATED _____

WITHDRAWING MEMBER

(signature)

(type or print name)

The following may be completed by the limited liability company, if the withdrawing member did not sign.*

MANAGER(S)/MEMBER(S)*

(signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Statement **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 Title 17-A, **section** 453.

A statement of withdrawal of a member is an optional filing. It may be used to cut off the ability of a withdrawing member to bind the limited liability company, particularly in a member-managed limited liability company.

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