

**FOREIGN
LIMITED LIABILITY PARTNERSHIP**

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 Partnership in Jurisdiction of Organization)

Pursuant to [31 MRSA §857](#), the undersigned foreign limited liability partnership 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 partnership applied for authority to do business in the State of Maine pursuant to [31 MRSA §803.1.A.](#) or [31 MRSA §803.2.B.](#) 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 partnership 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 partnership 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 partnership, 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)

*Certificate **MUST** be signed by

- (1) at least one **partner OR**
- (2) 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 Secretary of State.

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