

LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

NONCOMMERCIAL REGISTERED AGENT

STATEMENT OF APPOINTMENT or CHANGE

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Partnership as it appears on the records of the Secretary of State)

Pursuant to 5 MRSA §§105, 108, & 109 the undersigned limited liability partnership executes and delivers the following statement of appointment and/or change of address by a noncommercial Registered Agent.

FIRST: ("X" all boxes that apply)

- A. [] change of address
B. [] change of noncommercial registered agent and address
C. [] change of noncommercial registered agent
D. [] change in name of current noncommercial registered agent

SECOND: The name and address of the registered agent appearing on the record in the Secretary of State's office:

(name of current registered agent)

(physical street address, city, state and zip code)

(mailing address if different from above)

THIRD: (For foreign limited liability partnerships only)

Jurisdiction of organization:

Date authorized to transact business in the State of Maine:

FOURTH: Complete this Item as follows based on your selection in Item First:

- A.** The new address of the noncommercial registered agent (provide address information only);
- B.** The name and address of the **new** noncommercial registered agent (provide name and address information);
- C.** The name of the **new** noncommercial registered agent (provide name only); **OR**
- D.** The new name of the current noncommercial registered agent (provide name only).

(name of new noncommercial registered agent or new name of current noncommercial registered agent)

(physical street address, not a P.O. Box – city, state and zip code)

(mailing address if different from above)

FIFTH: Pursuant to [5 MRSA §108.3](#), the registered agent as listed above has consented to serve as the registered agent for this limited liability company.

SIXTH: The undersigned noncommercial registered agent of the following limited liability partnership(s) has notified each limited liability partnership of the change indicated in Item Fourth A or D:

Name of Limited Liability Partnership	Jurisdiction	Date authorized or organized in Maine
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of additional limited liability partnerships attached hereto as Exhibit _____, and made a part hereof.

Dated _____

***By** _____
(signature)

(type or print name and capacity)

***This statement MUST be signed as follows:**

- (1) if Item First, A or D was selected, then by the noncommercial registered agent **OR**
- (2) if Item First, B or C was selected, by:
 - (i) at least one **partner** ([31 MRSA §826.1.B](#)) **OR**
 - (ii) any duly **authorized person** ([31 MRSA §826.2](#))

The execution of this statement 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 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