

Filing Fee \$20.00

LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

TERMINATION OF STATEMENT OF INTENTION TO DO BUSINESS UNDER AN ASSUMED OR FICTITIOUS NAME

\_\_\_\_\_

Deputy Secretary of State

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**A True Copy When Attested By Signature**

\_\_\_\_\_

Deputy Secretary of State

\_\_\_\_\_  
(Real Name of Limited Liability Partnership)

Pursuant to 31 MRSA §805-A.8, the undersigned limited liability partnership executes and delivers the following Termination of Statement of Intention to do Business Under an Assumed or Fictitious Name:

**FIRST:** The limited liability partnership no longer intends to transact business under an assumed or fictitious name.

**SECOND:** The limited liability partnership intends to terminate the assumed or fictitious name of \_\_\_\_\_.

**PARTNER(S)\***  
\_\_\_\_\_  
(signature)

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

**For Partner(s) which are Entities**

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

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

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

\*Certificate **MUST** be signed by at least one **partner** (§826.1.B and §860.1).  
The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [Title 17-A, section 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**