

**Filing Fee \$90.00**

**FOREIGN  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

**NOTICE OF CANCELLATION  
OF CERTIFICATE OF AUTHORITY  
TO TRANSACT BUSINESS**

\_\_\_\_\_  
(Name of Limited Partnership in Jurisdiction of Organization)

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

**A True Copy When Attested By Signature**

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

Pursuant to [31 MRSA §1417](#), the undersigned foreign limited partnership executes and delivers the following Notice of Cancellation of Certificate of Authority to Transact Business in the State of Maine:

**FIRST:** The fictitious name, if any, of the limited partnership under which the limited partnership applied for authority to transact business in this State because its real name was not available is:

\_\_\_\_\_

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

The date of organization is \_\_\_\_\_

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

**FOURTH:** The street and mailing address of the foreign limited partnership's principal office is:

\_\_\_\_\_  
(physical location - street (not P.O. Box), city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**FIFTH:** The street and mailing address of the foreign limited partnership's required\* office is:

\_\_\_\_\_  
(physical location - street (not P.O. Box), city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**SIXTH:** The limited partnership is not, as of the date of this notice, doing business in Maine and hereby cancels its certificate of authority to transact business in this State.

**SEVENTH:** The foreign limited partnership appoints the Secretary of State as its agent for service of process for rights of action arising out of the transaction of business in this State.

**Dated** \_\_\_\_\_

**General Partner(s) \*\***

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

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

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

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

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

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

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\*Provided only if the laws of the jurisdiction under which the foreign limited partnership is organized require the foreign limited partnership to maintain an office in that jurisdiction.

\*\*Application **MUST** be signed by at least one **general partner** of the foreign limited partnership. ([31 MRSA §1324.1.M](#))

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 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](mailto:CEC.Corporations@Maine.gov)