

Filing Fee \$20.00

LIMITED PARTNERSHIP

STATE OF MAINE

**STATEMENT OF TERMINATION
OF AN ASSUMED OR
FICTITIOUS NAME**

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <p>_____</p> <p>Deputy Secretary of State</p>
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(Real Name of Limited Partnership)

Pursuant to [31 MRSA §1308.2.I](#) or [31 MRSA §1415.7](#), the undersigned limited partnership executes and delivers the following Statement of Termination of an Assumed or Fictitious Name:

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

SECOND: The limited partnership intends to terminate the assumed or fictitious name of _____.

GENERAL PARTNER(S)*

(signature)

DATED _____

(type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

*Statement **MUST** be signed by at least one **general partner**. ([31 MRSA §1324.1.J](#) or [31 MRSA §1324.1.M](#)).

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