	Filing Fee \$90.00	
LIM	ITED LIABILITY COMPANY	
STATE OF MAINE		
	IENT OF CANCELLATION OF REIGN QUALIFICATION	
(for a Foreign LLC)		Deputy Secretary of State
		A True Copy When Attested By Signature
(Name of Limited Liability Company in Jurisdiction of Organization)		Deputy Secretary of State
	MRSA §1628, the undersigned foreign limited liability ates the following:	y company hereby cancels its statement of qualification in the State
FIRST:	If different, the fictitious name under which the limited liability company adopted to do business in the State of Maine pursuant to §1510-1.B is:	
SECOND:	Its jurisdiction of organization is	(state or country) and the date of organization
THIRD:	The date on which the foreign limited liability company was qualified to conduct activities in the State of Maine:	
FOURTH:	The foreign limited liability company will no longer conduct business in the State of Maine and it relinquishes its authority to conduct business and is cancelling its statement of foreign qualification.	
FIFTH:	If the foreign limited liability company is not maintaining the registered agent in the State of Maine, the mailing address to which service of process may be mailed pursuant to §1662 is:	
	(Principal office address)	
	(Principal office address)	
SIXTH:	The street and mailing address of the foreign limited liability company's principal office is:	

(street, city, state and zip code)

**SEVENTH:** The foreign limited liability company acknowledges that any assumed name(s) if adopted pursuant to \$1510-1.A, will be withdrawn upon the effective date of this statement of cancellation.

DATED \_\_\_\_\_

\*Authorized person(s)

(authorized signature)

(type or print name and capacity)

\*Pursuant to 31 MRSA §1676.1B, this statement MUST be signed by a person authorized by the limited liability company.

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 Inc

Email Inquiries: CEC.Corporations@Maine.gov

## **Customer Contact Cover Letter**

Name of entity(s) on the submitted filings:			
Optional special handling request(s): (check or	nly if applicable)		
$\Box$ Hold attested copy for pick up (will b	be required to pick up at our office in Augusta, Maine)		
□ 24-hour expedited filing (next busine	ess day) service: <b>\$50</b> additional filing fee per entity		
Immediate expedited filing (same but	siness day): <b>\$100</b> additional filing fee per entity		
<b>NOTE:</b> Only one expedite fee is required if filing	multiple documents for the <u>same entity/charter number</u> at the same time		
Payment can be made by check or money order obtain a credit card voucher at https://www.maine	er (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.		
Total fee(s)	) enclosed: \$		
(Name of contact person)	(Daytime telephone number)		
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)		
Name and address of person to return the attest	ed copy of the completed filing:		
(Nar	me of attested copy recipient)		
	(Firm or Company)		
	(Mailing Address)		
	(City, State & Zip)		
	(Firm or Company) (Mailing Address) (City, State & Zip) nd telephone number or email address will result in any e		

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to: Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS Department of the Secretary of State Corporations, UCC and Commissions 111 Sewall Street, 4<sup>th</sup> Floor Augusta, ME 04330