LIMITED LIABILITY COMPANY

STATE OF MAINE

TRANSFER OF RESERVED NAME

Deputy	Secretary of State	
A True Copy When Attested By Signature		

Deputy Secretary of State

Pursuant to 31 MRSA §1509.2, the undersigned transferor executes and delivers the following Transfer of Reserved Name:

Filing Fee \$20.00

(Name previously reserved pursuant to 31 MRSA §1509.1)	
Name of original applicant	
Name of transferee	
Address of transferee	
ORIGINAL APPLICANT (Transferor)	DATED
(signature of transferor)	(type or print name and capacity)
• This transfer of reserved name will expire 120 days from	om the date of filing the original application.
The execution of this notice constitutes an oath or affirmati	ion under the penalties of false swearing under 17-A MRSA §453.
Please remit your payment made payable to the Maine Sec	retary 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

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 be	be required to pick up at our office in Augusta, Maine)	
□ 24-hour expedited filing (next busine	ess day) service: \$50 additional filing fee per entity	
Immediate expedited filing (same bu	siness day): \$100 additional filing fee per entity	
NOTE: Only one expedite fee is required if filing	g multiple documents for the <u>same entity/charter number</u> at the same tim	
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	red 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, 4th Floor Augusta, ME 04330