	Fi	ling Fee \$35.00
L	IMITED LIABILITY COMPANY	
	STATE OF MAINE	
NONCON	MMERCIAL REGISTERED AGENT	
<b>STATEMENT OF RESIGNATION</b> (for a Maine or Foreign LLC)		Deputy Secretary of State
		A True Copy When Attested By Signature
(Name	of Maine or Foreign Limited Liability Company)	Deputy Secretary of State
	_	
	MRSA §111, the undersigned noncommercial registered as agent for service of process for this limited liability cor	agent executes and delivers the following statement of resignation npany:
from serving a	as agent for service of process for this limited liability cor	
from serving a	The name and address of the resigning noncommerci State's office:	npany:
from serving a	The name and address of the resigning noncommercies State's office:	npany: al registered agent as it appears on the record in the Secretary of
from serving a	The name and address of the resigning noncommercies State's office: (name of current non (physical street address, city, )	al registered agent as it appears on the record in the Secretary of ncommercial registered agent)
from serving a	The name and address of the resigning noncommercies State's office:  (name of current non (physical street address, city, The name and address of the person to which the non	al registered agent as it appears on the record in the Secretary of ncommercial registered agent) state and zip code – as it appears on the record)
from serving a	as agent for service of process for this limited liability com The name and address of the resigning noncommercies State's office: (name of current non (physical street address, city, The name and address of the person to which the non (instant)	al registered agent as it appears on the record in the Secretary of ncommercial registered agent) state and zip code – as it appears on the record) ncommercial registered agent will send the required notice:
from serving a	as agent for service of process for this limited liability corr The name and address of the resigning noncommercies State's office: (name of current non (physical street address, city, The name and address of the person to which the non (instant)	al registered agent as it appears on the record in the Secretary of ncommercial registered agent) state and zip code – as it appears on the record) ncommercial registered agent will send the required notice: ert name) Iress including zip code) of the limited liability company.
from serving a FIRST: SECOND:	as agent for service of process for this limited liability corrections for the resigning noncommercies of the resigning noncommercies of the resigning noncommercies of the resigning noncommercies (name of current non (name of current non (physical street address, city, The name and address of the person to which the non (instant) (ins	al registered agent as it appears on the record in the Secretary of ncommercial registered agent) state and zip code – as it appears on the record) ncommercial registered agent will send the required notice: ert name) Iress including zip code) of the limited liability company.
from serving a FIRST: SECOND:	as agent for service of process for this limited liability corr The name and address of the resigning noncommercies State's office: (name of current non (physical street address, city, The name and address of the person to which the non (instant) (instant) (mailing address)	al registered agent as it appears on the record in the Secretary of ncommercial registered agent) state and zip code – as it appears on the record) ncommercial registered agent will send the required notice: ert name) Iress including zip code) of the limited liability company.

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
 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 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