

Filing Fee \$20.00

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:

(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 the date of filing the original application.

The execution of this notice 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

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) _____
(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)