

Filing Fee \$90.00

**FOREIGN
LIMITED PARTNERSHIP**

STATE OF MAINE

**NOTICE OF CANCELLATION
OF CERTIFICATE OF AUTHORITY
TO TRANSACT BUSINESS**

(Name of Limited Partnership in Jurisdiction of Organization)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §1417](#), the undersigned foreign limited partnership executes and delivers the following Notice of Cancellation of Certificate of Authority to Transact Business in the State of Maine:

FIRST: The fictitious name, if any, of the limited partnership under which the limited partnership applied for authority to transact business in this State because its real name was not available is:

SECOND: The jurisdiction of its organization is _____

The date of organization is _____

THIRD: The date on which it was authorized to transact business in the State of Maine is _____

FOURTH: The street and mailing address of the foreign limited partnership's principal office is:

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

FIFTH: The street and mailing address of the foreign limited partnership's required* office is:

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

SIXTH: The limited partnership is not, as of the date of this notice, doing business in Maine and hereby cancels its certificate of authority to transact business in this State.

SEVENTH: The foreign limited partnership appoints the Secretary of State as its agent for service of process for rights of action arising out of the transaction of business in this State.

Dated _____

General Partner(s) **

(signature)

(type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Provided only if the laws of the jurisdiction under which the foreign limited partnership is organized require the foreign limited partnership to maintain an office in that jurisdiction.

Application **MUST be signed by at least one **general partner** of the foreign limited partnership. ([31 MRSA §1324.1.M](#))

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 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)